

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: **17**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Corey Homer

R.

OFFICE USE ONLY

Date Received

RECEIVED

APR 03 2025

McKinney ISD
Superintendent's Office

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2208 Forest Creek McKinney Tx 75072

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 667-6587

Date Hand-delivered or Date Postmarked

4/3/2025 (NO)

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Geraldyn Keeler

M

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

12 / 16 / 24 THROUGH 3 / 24 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

McKinney ISD Board of Trustees District 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

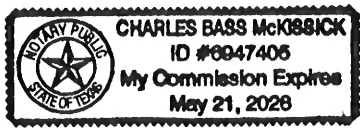
15 C/OH NAME <u>Corey R Homer</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>22,243.48</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,138.32</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,105.16</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Charles Bass McKissick this the 2 day of April, 2025, 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 _____, 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	\$ 19,180.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,063.48
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	\$ 12,138.32
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:

11

2 FILER NAME

Corey R Homer

3 Filer ID (Ethics Commission Filers)

4 Date

12/20

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

Geraldyn M Keeler

7 Amount of contribution (\$)

\$ 80.00

6 Contributor address; City; State; Zip Code

2409 Clublake Tr McKinney Tx 75072

8 Principal occupation / Job title (See Instructions)

Volunteer

9 Employer (See Instructions)

Retired

Date

1/13

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

AT Micheletto

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

1113 Hyde Park Dr McKinney Tx 75069

Principal occupation / Job title (See Instructions)

Consulting

Employer (See Instructions)

Self employed

Date

1/20

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

Alison Pascale

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

2610 Cedarwood Ct McKinney Tx 75072

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

MISD

Date

1/27

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

Dave Tecat

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

2212 Forest Creek McKinney Tx 75072

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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: 11
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/25	5 Full name of contributor Charles McKissick	7 Amount of contribution (\$) \$3,500.00
	6 Contributor address; City; State; Zip Code 300 Partridge Lane McKinney Tx 75070	
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) RES Real Estate Services, LLC
Date 2/5/25	Full name of contributor McWilliams Law LLC	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2715 Virginia Pkwy McKinney Tx 75071	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McWilliams & McWilliams PLLC
Date 2/5/25	Full name of contributor Rebecca Brewer	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2301 Trenton McKinney Tx 75072	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Joplins & Hendricks PLLC
Date 2/5/25	Full name of contributor Geraldyn M Kefer	Amount of contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 2409 Clublake Trail McKinney Tx 75072	
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 11
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G K Reddy	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 1101 G K Reddy Avenue Bonham Tx 75418	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) Self Employed
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian & Jill Reagan	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 1005 Moss Cliff Circle McKinney Tx 75071	
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) Better Business Bureau Dallas NE Texas
Date 2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. John W. Miles & Delores Miles	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 3008 St Germain Dr McKinney Tx 75070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired Dentist and School Admin.
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack & Lorraine Mattis	Amount of contribution (\$) \$ 1,000.00
	Contributor address; City; State; Zip Code 5100 Colorado Pkwy Ste 102 PMS25 McKinney Tx 75070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 11
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. George and Janice Childress	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 2218 Forest Creek McKinney Tx 75072	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions) Retired
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Franklin	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1658 Virginia St. Ste 212 McKinney Tx 75069	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self employed
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott and Dawn Woodruff	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 2707 Carriage Trail McKinney Tx 75072	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Wire Properties LLC
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskara and Veena Arrojju	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 10717 Patton Dr McKinney Tx 75070	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Arrojju Constructions LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Corey R Homer</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/11/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Rattan</u>	7 Amount of contribution (\$) <u>\$ 250.00</u>
	6 Contributor address; City; State; Zip Code <u>700 N. McDonald St McKinney Tx 75069</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <u>Self Employed</u>
Date <u>2/14/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ken and Marsha Knuth</u>	Amount of contribution (\$) <u>\$ 250.00</u>
	Contributor address; City; State; Zip Code <u>6071 CR 161 McKinney Tx 75071</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>Retired</u>
Date <u>2/14/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Laura Towerg</u>	Amount of contribution (\$) <u>\$ 250.00</u>
	Contributor address; City; State; Zip Code <u>2808 Colonial McKinney Tx 75072</u>	
Principal occupation / Job title (See Instructions) <u>President</u>		Employer (See Instructions) <u>LT Artistic Designs</u>
Date <u>2/21/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pam Little</u>	Amount of contribution (\$) <u>\$ 5,000.00</u>
	Contributor address; City; State; Zip Code <u>632 Merlot Ct. McKinney Tx 75069</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>State Board of Education</u>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Beller	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 711 W White St, McKinney TX 75069	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) City Council Member
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vivian Yancey	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1144 Zajic Dr. Terrell Tx 75160	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired Educator
Date 1/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meody Bokmeyer	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 400 Pintail Dr McKinney Tx 75072	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Unemployed
Date 2/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Darling	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 3362 N. Custer Rd McKinney Tx 75071	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Corey R Homes		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Mantzey	7 Amount of contribution (\$) \$ 200.00
	6 Contributor address; City; State; Zip Code 6813 Norman Rockwell Ln McKinney Tx 75071	
8 Principal occupation / Job title (See Instructions) Lender		9 Employer (See Instructions) Shamrock Bank
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Spring	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 12065 Tennessee McKinney Tx 75069	
Principal occupation / Job title (See Instructions) Mortgage Broker		Employer (See Instructions) Spring Mortgage Team
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesia Perry	Amount of contribution (\$) \$ 200.00
	Contributor address; City; State; Zip Code 6841 Virginia Pkwy #103-305 McKinney Tx 75071	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Greenhouse Management Association LLC
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Nori	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 2912 Hidden Forest Dr McKinney Tx 75070	
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City of Richardson

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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: 11
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 2/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Richards	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1504 Pecan Point Dr. McKinney Tx 75070	
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions) Scomega Holdings, Inc.
Date 2/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Odell	Amount of contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 608 W. Hunt McKinney Tx 75069	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes and Boone LLP
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Curry	Amount of contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 901 Oak St. McKinney Tx 75069	
Principal occupation / Job title (See Instructions) Partner / lawyer		Employer (See Instructions) Holland Knight LLP
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Harris	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 821 Hills Creek Dr. McKinney Tx 75072	
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Metro Liner

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Corey R Homer</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/17/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kristen May</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; City; State; Zip Code <u>1814 Lakeshore Ct McKinney Tx 75072</u>		
8 Principal occupation / Job title (See Instructions) <u>Account Exec.</u>		9 Employer (See Instructions) <u>Cooper Vision</u>
Date <u>2/18/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linda Clifton</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code <u>4455 CR 862 McKinney Tx 75071</u>		
Principal occupation / Job title (See Instructions) <u>Real Estate Agent</u>		Employer (See Instructions) <u>RES-Real Estate Service</u>
Date <u>2/22/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce Douthit</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code <u>918 Parkwood McKinney Tx 75072</u>		
Principal occupation / Job title (See Instructions) <u>Surgeon</u>		Employer (See Instructions) <u>Self Employed</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ben Zornes</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>2020 Whitney Ln McKinney Tx 75072</u>		
Principal occupation / Job title (See Instructions) <u>owner / consultant</u>		Employer (See Instructions) <u>Addison Insurance Group</u>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 2/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Jasny	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 2208 Stanford Ct McKinney Tx 75072	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired
Date 3/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Miles	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 2625 LaPaloma Ln McKinney Tx 75070	
Principal occupation / Job title (See Instructions) Landman		Employer (See Instructions) Exxon/Mobil
Date 3/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Cole	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code 2212 Stanford Ct McKinney Tx 75072	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 3/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ten Corboy	Amount of contribution (\$) \$ 200.00
	Contributor address; City; State; Zip Code 2211 Forest Creek McKinney Tx 75072	
Principal occupation / Job title (See Instructions) Training & Education Coordinator		Employer (See Instructions) LIUNA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 11
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 3/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Carver	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3104 Voltaire Blvd McKinney Tx 75070		
8 Principal occupation / Job title (See Instructions) Director of Industrial Controlling		9 Employer (See Instructions) Encore Wire
Date 3/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon White	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2004 Burton Hollow Way McKinney Tx 75071		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Grace To Change
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
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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>Corey R Homer</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>3,063.48</u>	
5 Date <u>2/11/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Frank Temple</u>	8 Amount of Contribution \$ <u>3,063.48</u>	9 In-kind contribution description <u>Campaign Kick off Reception</u>
7 Contributor address; City; State; Zip Code <u>6800 Anthem Ct McKinney Tx 75071</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Retired</u>		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
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.

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: <u>2</u>	2 FILER NAME <u>Corey R Homer</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/5/25</u>	5 Payee name <u>AGI Marketing</u>	
6 Amount (\$) <u>\$4,635.24</u>	7 Payee address; City; State; Zip Code <u>1113 Hyde Park Drive McKinney Tx 75069</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing expense Sign installation</u>	(b) Description <u>Signs, t-shirts, stickers sign installation</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>3/10/25</u>	Payee name <u>AGI Marketing</u>	City; State; Zip Code
Amount (\$) <u>\$1,216.50</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 web site</u>	Description <u>Printing for signs website work</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 <u>3/10/25</u>	Payee name <u>Mike Stevens</u>	City; State; Zip Code
Amount (\$) <u>\$2,110.88</u>	Payee address; <u>PMB 292 6923 Indiana Ave Lubbock, Tx 79413</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting expense</u>	Description <u>Data, list voters and contact information</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

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		2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)	
4 Date 3/18/2		5 Payee name JG Media dba Community Impact			
6 Amount (\$) \$ 3,750.00		7 Payee address; City; State; Zip Code PO Box 224423 Dallas Tx 75222-4423			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description In-Paper Ad		
	(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					
Date 3/24/25		Candidate / Officeholder name CW Designs by Carol Wilmot			
Amount (\$) \$425.70		Payee address; City; State; Zip Code 2814 Colonial Circle McKinney Tx 75072			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description Stationary, posters, bus cards name labels		
	<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					
Date		Candidate / Officeholder 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					
Date		Candidate / Officeholder 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					

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