CAMPAIGN FINANCE REPORT					RM JC/OH HEET PG 1
The JC/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	CODY	MI G		USE ONLY
	NICKNAME	HENSON	SUFFIX	Date Received	CEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 117 E JACKSON ST. BURNET TX 78611			100 000 000 0000	0 2 2022 DELECTIONS
Change of Address				1	
5 CANDIDATE/ OFFICEHOLDER PHONE	(512) 7	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MP. NICKNAME	FIRST CODY LAST	MI G.	Date Processed Date Imaged	Allount
		HENSON			
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S	BVRNET	STATE;	78611
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(512)	756-4100	EXTENSION		
9 REPORT TYPE	January 15	30th day before 6	election Runoff	15th day afte treasurer ap (Officeholder	pointment
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month)	Day Year / 01 / 2022	THROUGH 0	Day Year / 30 / 26	22
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KNOW) JVPGE - BURNET		OURT KTLA
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COM DIDATE'S OR OFFICEHOLD	MITTEES TO SUPPORT DER'S KNOWLEDGE OR
Additional Pages	COMMITTEE TYPE COMMITTEE NAME TREPAC COMMITTEE ADDRESS P.O. BOX 2246 COMMITTEE CAMPAIGN TREASURER NAME Andrew Miller COMMITTEE CAMPAIGN TREASURER ADDRESS				
7.0. Box 2246 Austin, Tx 78768-2246					
		GOTO	PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 **TOTALS** TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 13,262.90 5. **BALANCE** OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 10,000-LOAN TOTALS 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, Signature of Candidate/Officeholder WILL ANNE PACK Affidavit NOTARY STAMP/SEAL, EXP. 11-07 MILLION MILLI Please complete either option below: (1) Affidavit (ODY G. HENSON this the 2ND day of FEBRUAR' Sworn to and subscribed before me by to certify which, witness my hand and seal of office. 20 MILHAELANNE PAGE DEFICE ADMINISTRATO Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is __, and my date of birth is ___ My address is (state) (country) (street) (city) (zip code)

20

(year)

__day of

(month)

Signature of Candidate/Officeholder (Declarant)

County, State of _____, on the ___

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILERNAME CODY G. HENSON 20 Filer ID (E	ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,975
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 893.09
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,776.24
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	NS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 10,194.24
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,606.89
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	CODY G. HENSON		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: MICHAEL & DEBORAH PAGE 6 Contributor address; City; State; Zip Code 800 SHORT ST. BVKNET TX 78611			7 Amount of contribution (\$) \$\$ 150
FACILITIES	orincipal occupation MAINTENANCE/COMPLIANCE Employer/law firm /FIRST STATE BANK OF BURNET	11 Law firm of contributor's	VICE PRESIDENT ENANUE / UMPLIANCE OFFICE s spouse (if any)
	s a child, law firm of parent(s) (if any)	1-774	
Date 01/07/2122	Full name of contributor out-of-state PAC II JUDITH WALDROP Contributor address; City; 709 FOX CROSSING BUR	State; Zip Code	Amount of contribution (\$) # 25.—
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC II TAMMY ROCKAFELLOW/RICKAF Contributor address; City; ILI ROAD RUNNER LN BUKNET	State: Zip Code	Amount of contribution (\$) TS, LLC \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

ī	The Instruction Guide explains how to complete this f	1 Total pages Schedule A(J)1:		
2 FILER NAME CODY G. HENSON			3 Filer ID (Ethics Commission Filers)	
4 Date 01/18/2022	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$ 250.	
8 Contributor's p	principal occupation	9 Contributor's job title		
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)	L		
Date	Full name of contributor		Amount of contribution (\$)	
11/18/2022	GORDON & SHERRY BROWN Contributor address; City; 4625 CK 200 BURNET	State; Zip Code	\$ 100.	
Contributor's principal occupation Contributor's job title				
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC_II	D#:)	Amount of contribution (\$)	
01/18/2022	Contributor address; City; State: Zip Code \$1,000.—			
Contributor's p	rincipal occupation	Contributor's job title		
Contributorio				
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)			

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

SCHEDULE A(J)1

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

TI	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:			
2 FILER NAME CODY G. HENSON			3 Filer ID (Ethics Commission Filers)		
4 Date 01/18/2022	5 Full name of contributor out-of-state PAC II BRAD FORD CONSULTING & 6 Contributor address; City; 900 MORGAN CREEK DR. BU	7 Amount of contribution (\$) \$ 500 -			
8 Contributor's p	rincipal occupation	9 Contributor's job title	•		
10 Contributor's e	mployer/law firm	11 Law firm of contributor	's spouse (if any)		
12 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
01/21/2012	BIB & SNSAN KRUDWIG Contributor address; City; 260 CROWN LN. BURNET	\$ 500 -			
Contributor's principal occupation Contributor's job title					
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
Date	The second control of	D#:)	Amount of contribution (\$)		
11/24/2022	RANDY & BARLENE HENSON Contributor address; City; State: Zip Code 127 DLD CHISHOLM THE GEORGETOWN TX 18633				
Contributor's principal occupation Contributor's job title PETIRED NA					
Contributor's employer/law firm		Law firm of contributo	r's spouse (if any)		
NIA		NIA			
if contributor is	s a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

J	The Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1:	
2 FILER NAME CODY G. HENSON			3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2012	5 Full name of contributor out-of-state PAC ID#: FIRST COIL PRIPERTIES. LLC CON 6 Contributor address; City; State; Zip Code PO BOX 1669 BURNET TX 78611		7 Amount of contribution (\$) \$1,000.
	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
11/28/2012	SUNNYMARK RANCH - Wayn Contributor address; City; 4649 CR 200 BURNET	State; Zip Code	\$ 200
	principal occupation	Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
01/28/2022	TREPAC/TEXAS ASSOCIATION OF I Contributor address; City; PO BOX 2246 KNSTIN	State: Zip Code TX 78768-2246	₩3,500.—
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL CONTRACTOR		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

т	he Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	DY G. ITENSON		3 Filer ID (Ethics Commission Filers)
4 Date			Amount of contribution (\$) \$, (00) -
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor'	s spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor ut-of-state PAC I	D#:)	Amount of contribution (\$)
01/25/201	TAG 2 BENEFITS LLC Contributor address; City; 406 CR 140 BURNET	State; Zip Code T× 78611	\$750.
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)	-	
Date 61/03/202	Full name of contributor out-of-state PAC II MICHAEL RICHAELLOW/RICHAEL Contributor address; City; 161 KOADRVNNER LN. BURNET		Amount of contribution (\$)
Contributor's pi	rincipal occupation	Contributor's job title	
Contributor's en	nployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

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.

If the requested information is not applicable, bo Not include this page in the report.					
The Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:			
2 FILER NAME CODY G. HENSON		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$			
	MILHAELANNE PAGE CON-7 Contributor address; City; State; Zip Code		9 In-kind contribution description		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) OFFICE ADMINISTRATOR 12 Contributor's principal occupation (FOR JUDICIAL)	ATTORN	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions) VEY'S ABSTRACT \$ T1 TUE (0. utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)		NA	se (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description BNTTONS description The state of the		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) OFFICE ADMINISTRATOR	Employe	er (FOR NON-JUDICIAL)(See Instructions) JEY 'S ABSTRACT & TITLE CO.			
Contributor's principal occupation (FOR JUDICIAL)	Contribu	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.

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.				
n. 1 Total pages Schedule A2: 3				
3 Filer ID (Ethics Commission Filers)				
BUTIONS \$				
Amount of Contribution \$ 9 In-kind contribution description 5 In-kind contribution 1				
11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF				
13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
Amount of Contribution \$ In-kind contribution description Zip Code \$ 125 AMCTION DONATION				
Check if travel outside of Texas. Complete Schedule T.				
Employer (FOR NON-JUDICIAL)(See Instructions)				
Contributor's job title (FOR JUDICIAL) (See Instructions)				
Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
·				

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 for	m. 1 Total pages Schedule A2:			
2 FILER NAME CODY G. HENSON	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$			
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code 8 Amount of Contribution \$ 9 In-kind contribution description WAUNG 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)			
NIA	N/A			
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)				
NIA				
Date Full name of contributor	Amount of In-kind contribution Contribution \$ description Zip Code Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED			

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

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sai	nting Expense laries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains ho	ow to complete this form.	0.511.15.4511.15
1 Total pages Schedule F1:	CODY G. HENSON		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2022	5 Payee name OMT - ONE MORE THING	SIGN SHOP	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 638.68	1844 WEST HWY Z9	BURNET	Tx 78611
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE	ADVERTISING	SIGNS	
OF EXPENDITURE	PLDADE ILDINO	310117	
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/03/2022	BURNET COUNTY REP	ABLICAN CLVE	3
Amount (\$)	Payee address;	City;	State; Zip Code
\$500.	282 TURKEY RUN	MEADOWLA	KES TX 78654
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CHILI CO	Spensership
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/05/2022	HIGHLAND LANGS NEWS	PAPER	
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,985.	PO BOX 1600/905 320 5	T MARBLE	FAUS TX 78654
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING	NEWS PA	PER ADS
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CODY G. HENSON 4 Date OMT- ONE MORE THING SIGN SHOP 6 Amount (\$) Zip Code \$ 1,160.98 1844 WEST 17WYZ9 BURNET TX 78611 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** ADVERTISING SIGNS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH TYLER ROCKAPELION 01/12/2022 Amount (\$) Zip Code ROAD RUNNER LN BURNET 78611 TX \$ 1,000. Category (See Categories listed at the top of this schedule) Description **PURPOSE** REFUND RETURNED CONTRIBUTION **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 01/13/2022 DELAWARE SPRINGS Amount (\$) Payee address; City; State: Zip Code 1000 DELAWARE SPRINGS BURNET A125. 78611 TX

PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Description

Office sought

VENUE RENTAL

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

EVENT EXPENSE

Candidate / Officeholder name

Office held

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W		ther (enter a catego	ry not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CODY G. HENSON	3	Filer ID (Ethics	Commission Filers)
4 Date 01/18/2000	5 Payee name TARK KICKAFELIOW			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,500.	161 RIAD RUNNER LN.	BURNET	TX	78611
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	REFUND	RETURN CO	MITEL BUT	TOW
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/21/2012	OPPICE DEPOT			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$194.62	PO BOX 7241	SIONX FALL	s SD	57117-7241
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING	FLYERS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/24/2022	OMT- ONE MORE THING	SIGN SHOP		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 2,321.96	1844 WEST HWY29	BURNET	TX	78611
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	APVERTISING	SIGNS	9	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	E D	

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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CODY G. HENSON 12 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name City; State: Zip Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE EVENT EXPENSE EXPENDITURE (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Zip Code City; State: 110 Marble Falls, TX TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) lookies PURPOSE OF 000 EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 B Candidate/Officeholder/Politica Credit Card Payment		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)	
Stout Galat aymon	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CODY 6. HENSON		3 Filer ID (Ethics Commission Filers)	
4 Date 0//25/2012	5 Payee name DELAWARE SPRIN	<i>L</i> -S		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 250.	600 DELAWARE SPRINGS	BLVD BURNET	tx 78611	
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SELURI	TY PEPOSIT	
	(c) Check if travel outside of Texas. Complete Sch	hedule T. Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/26/2022	BRADFORD CONSUL	TING, INC		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$500.	900 MORGAN CREEK	DR. BURNET	TX 78611	
	Category (See Categories listed at the top of this sc	hedule) Description		
PURPOSE OF EXPENDITURE	PETUND	RETURN	CONTRIBUTION	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, 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 so	chedule) Description		
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	

SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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	s now to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME CODY G. HENSON	J	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		7
1/23/22	United States Post office	Le	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$1,160.00			
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this si	chedule) (b) Description	
10			
PURPOSE	ADVERTISING		
OF EXPENDITURE	P) V V V 13110 -	Stamp	5
	(c) Check if travel outside of Texas. Complete So	chedule I. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
D-4-	Payee name		
Date	- ayou mante		
124/22	Amazan		
Amount (\$)	Payee address;	City;	State; Zip Code
± 16.99			
TYPE OF		Non-Political	
EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this s	schedule) Description	
PURPOSE OF EXPENDITURE	EVENTEXPENSE	Decor	
EXPENDITORE	Check if travel outside of Texas. Complete S	Schedule T. Check if A	ustin, 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	F THIS SCHEDULE AS NE	EDED

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 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 Travel Out Of District Printing Expense 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. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) LODY G. HENSON 12 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 01/28/2002 UNITED STATES POSTAL SERVICE **7** Amount (\$) 8 Payee address; City; State: Zip Code d 24.36 TYPE OF X Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE POSTAGE ADVERTISING EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH OFFICE DEPOT Amount (\$) Payee address; City: State: Zip Code 1105 CBAR RANCHTRAIL AC CEDAR PARK TX \$ 414.66 TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description ADVERTISING PURPOSE FLYERS OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overl Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME LODY G. HENSO	N		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date 01/20/2022	6 Payee name OFFILE DEPOT				
7 Amount (\$)	8 Payee address;	1, 4,	City;	State;	Zip Code
\$213.52	1105 CBAR RANCHTRA	(IL PC	CEPAP PA	NK TX	78613
9 TYPE OF EXPENDITURE	Political [Non-Pol	itical		
10	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING		FLYER	-5	
	(c) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ıstin, TX, officeholder livi	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office	held
Date 01/15/1022	Payee name SQNA72E SPACE				
Amount (\$)	Payee address;	1	City;	State;	Zip Code
\$ 28.15	225 VARICK ST. 128	PLOOP	NEW YORK	NY	10014
TYPE OF EXPENDITURE	Political [Non-Po	litical		
	Category (See Categories listed at the top of the	is schedule)	Description		
PURPOSE OF EXPENDITURE	MOVERTISING		WEBSI	ITE	*
	Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	ustin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	ffice sought	Office	held
	ATTACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

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 Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting 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. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) CODY G. HENSON 12 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 01/15/2000 7 Amount (\$) 8 Payee address; City; State: Zip Code \$1289.24 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 VENUE RENTAL EVENT EXPENSE PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 01/04/2022 HOOVER BUILDING SUPPLY Payee address; Amount (\$) Zip Code City; State: 500 EPOLK ST BURNET TX TYPE OF X Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE 816NS ADVERTISING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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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 Consulting Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense 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. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) LODY G. HENSON 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ HOME DEPOT 01/12/2022 7 Amount (\$) 8 Pavee address: Zip Code 1307 MORMON MILL RD. MARBLE FACES \$ 690.10 TYPE OF X Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** SIGNS ADVERTISING OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH HOOVER BUILDING SUPPLY 01/14/2002 State: Zip Code Payee address; City; Amount (\$) 500 E POLK ST BURNET 78611 \$10.81 TYPE OF X Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description SIGNS PURPOSE HOVER TISING OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F4

If the requested inform	nation is not applicable, DO NOT inclu	de this page in the rep	oort.	
	EXPENDITURE CATEGO	RIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense L Fees C Food/Beverage Expense Gift/Awards/Memorials Expense F	coan Repayment/Reimbursement Office Overhead/Rental Expense Frinting Expense Salaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME CODY G. HENSON	J	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO	DA CREDIT CARD	\$	
5 Date 12/31/2021 RECEIVED POST REPO	6 Payee name LT HOWER BUILDING SU	PPLY	J	
7 Amount (\$)	ayee address;	City;	State;	Zip Code
7 Amount (\$) PATE 11/4/3 \$ 375.27	500 E. POLK ST.	BURNET	TX	78611
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNS		
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Au	ustin, TX, officeholder livin	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	neld
Date 12/31/2021 RECEIVED POST REPO	Payee name HOIVER BMILDING	SUPPLY		
DATE		City;	State;	Zip Code
\$ 211.09 01/14/20	SOO E POLK ST.	BURNET	TX	78611
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this sol	nedule) Description		
PURPOSE OF EXPENDITURE	AUVERTSING	SIGNS		
in the selections of the selection of th	Check if travel outside of Texas. Complete Sch	nedule T. Check if A	ustin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LODY G. HENSON 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 01/65/2002 HOME DEPOT **7** Amount (\$) 8 Payee address; City: Zip Code \$1,578.96 1367 MORMON MILL KD. MARBLE FALLS TX 78654 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 SIGNS PURPOSE ADVERTISING EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH VICTORY PUBLISHING CO. LTD. State: Zip Code 1017 AVEK MARBLE FAZUS TX TYPE OF Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE NEWSPAPER ADS KOVERTISING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

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

	EXPENDITURE CATEGORI	ES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Poll Gift/Awards/Memorials Expense Print I Committee Legal Services Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense titing Expense aries/Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expens
	The Instruction Guide explains how	w to complete this form.	T -	
1 Total pages Schedule F4:	CODY G. HENSON		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$	
5 Date 61/18/2022	6 Payee name		,	
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$164.90	3200 N US HWY 281	MARBLEF	ALLS TX	78654
9 TYPE OF EXPENDITURE	Political N	lon-Political		
10	(a) Category (See Categories listed at the top of this schedul	ule) (b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNS		
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Au	ustin, TX, officeholder livi	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
01/19/202	Payee name HODVER BUILDING SUPP	ely		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 10.81	500 E POLK ST.	13MFNET	TX	78611
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this sched	lule) Description		
PURPOSE OF EXPENDITURE	ADVEDTISING	SIGNS		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if A	ustin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
-				

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SCHEDULE F4

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

	EXPENDITURE CATEGORII			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Offic Food/Beverage Expense Pollii Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
4 7.1. 21.1.51		to complete this form.	2 511 15 (511)	
1 Total pages Schedule F4:	2 FILER NAME CODY GO HENSON	7	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A	A CREDIT CARD	\$	
5 Date 01/19/2022	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$ 877.14	3200 N VS KWY 281	MAN-BLE F	mis TX	78654
9 TYPE OF EXPENDITURE	Political No.	on-Political		
10	(a) Category (See Categories listed at the top of this schedul	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if A	ustin, TX, officeholder livin	ng expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	neld
01/27/WV	Payee name HOUVER BUILDING SU	PPLY		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 52.54	SOU E POUL ST.	BURNET	TX	78111
TYPE OF EXPENDITURE	Political N	lon-Political		
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNS		
,	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
-				
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS N	EEDED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explain	s how to complete this form.		
1 Total pages Schedule F4:	2 FILERNAME COPY G. HENS	6N	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 01/27/2021	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
\$ 914.87	1307 MORMON MILLE	eo. MARBLE	FALLS TX 78654	
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNS		
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
01/28/2022	Payee name HIME DEPIT			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$217.38	1307 MORMON MILL	RD. MARBLEF	mus TX 78654	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this	s schedule) Description		
PURPOSE OF EXPENDITURE	ADVARTISING	SIGNS		
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, 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				

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of Dis
Salaries/Wages/Contract Labor Other (enter a cat

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 F4:	2 FILER NAME LODY G. HENSON		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$	
5 Date 011261202	6 Payee name HWE DEFOT			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
\$35.72	1307 MORMON MILLED.	MAPBLE A	nus TX 78654	
9 TYPE OF EXPENDITURE	Political Non-Pol	litical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	istin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	ffice sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held	

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 Accounting/Banking
Consulting Expense

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel In District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politi Credit Card Payment		Wages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NAME LODY G. HENSON		3 Filer ID (Ethics C	commission Filers)
4 Date 01/14/202	JOSH FOWLER FOWLER P	EMODEUN6 #	HANDYMAN	SERVICES
6 Amount (\$) 1,021.01	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	CONTRACT LABOR	INSTALL S	>IGN>	
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
01/24/2022	Payee name JOSH FOWLER/ FOWLER REMO	DELING & HANN	DYMAN SER	VICES
Amount (\$) # /3 04 . Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	CONTRACT LABOR	INSTALL SI	GNS	
EXILABITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	C	office held
Date 01/28/2000	Payee name JOSH FOWLER-/FOWLER R	EMODELING &	+ HANDYMAN	SERVICES
Amount (\$) \$ 1, 2\$1.25 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	CONTRACT LABOR	INSTALL S	16N3	
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	С	office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED .	

OUTSTANDING LOANS SCHEDULE L If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CODY G. HENSON 4 Name of lender LENDER CODY G. HENSON INFORMATION 5 Lender address; Zip Code 539 DAK VISTA DR. BURNET TX 78611 **GUARANTOR** 6 Name of guarantor INFORMATION 7 Guarantor address; not applicable City; State; Zip Code Name of lender LENDER INFORMATION Lender address: City; Zip Code State: **GUARANTOR** Name of guarantor **INFORMATION** Guarantor address; City; State; Zip Code not applicable LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; not applicable City; State: Zip Code LENDER Name of lender INFORMATION Lender address: City; State: Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address: Zip Code City; not applicable State;