JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM JC/OH COVER SHEET PG 1	
The JC/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR.	LODY	мі <i>6</i> .	OFFICE	USE ONLY	
NAME	NICKNAME	HENSON	SUFFIX	Date Received	EIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY: STATE: ZIP CODE LENGT TX 78411	FEB 2 2 2022		
Change of Address	-			BURNET CO	ELECTIONS	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)76	PHONE NUMBER	EXTENSION		or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR.	CODY	мі С Э.	Receipt # Date Processed	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged		
		HENSON				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SI	UPNET, TX 78	STATE;	ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(51L) T					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	O I					
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 03 / 01 / 2022 General Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		Y COURT ATL	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	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) LODY HENSON 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2 TOTAL POLITICAL CONTRIBUTIONS \$ 8,087.70 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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 CHAMINA AND A (1) Affidavit PUBL OF THE PUBL A C RITHING TO SERVICE Please complete either option below:

Sworn to and subscribed before me by

CODY HENSON

this the 21st day of FEBRUAR

to certify which, witness my hand and seal of office. 20

MICHAELANNE PAGE OFFICE ADMINISTRATION

Signature of officer administering oath

(2) Unsworn Declaration

Printed name of officer administering oath OR

Title of officer administering oath

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

(street) (city) (state) (zip code) (country)

County, State of _____, on the ___ __ day of (month) (vear)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	ERNAME	20 Filer ID (Ethics Co	mmission Filers)
(CODY G. HENSON		
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,675
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s 412.70
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 12,999.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ ———
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s 4,869.84
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 6,881.04
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME COPY G. HENSON		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID JAMES *VESSICA MURDOUK 2/1/2022 6 Contributor address; City; 724 BUFFALO TRAIL UBE	State; Zip Code	7 Amount of contribution (\$) \$\\$\begin{align*} \pm \extstyle \pm \extst
8 Contributor's principal occupation BMILDER/REAUTOR	9 Contributor's job title SMILDER A	PEALTOR
10 Contributor's employer/law firm J MURDUK HIMES LLC/MAGNILLA REACTY	11 Law firm of contributor's	
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Out-of-state PAC ID NATT + AN BELA PREWIT Contributor address; City; 3 Y UP FIE MYFTVE W GE		Amount of contribution (\$) # 300.—
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	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 PITA * DAVE STEITLE Contributor address; City; PO BIX 75H BURNET	State: Zip Code	Amount of contribution (\$) \$\\$500
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CODY G. HENSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C ID#:)	7 Amount of contribution (\$)
2/11/2022	MARYLANN PAY 6 Contributor address; City; 9 AGUSTA MFAONUL	State; Zip Code	\$ 200.—
	rincipal occupation TCLEKK/COURDINATOR	9 Contributor's job title	TRK/ COORDINATOR
10 Contributor's e	employer/law firm IET COUNTY	11 Law firm of contributor	
12 If contributor is	a child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor uut-of-state PAC	C ID#:)	Amount of contribution (\$)
2/16/2022	CLARE NYBRO & ALLAN P Contributor address; City; 410 CP 100 BURNET	State; Zip Code TX 78611	\$ 50.
Contributor's p	principal occupation	Contributor's job title	
	304	BOA	
	employer/law firm PD JONES	Law firm of contributor	
If contributor is	s a child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor	C ID#:)	Amount of contribution (\$)
2/19/2021	DON BARLOW & JULIE Contributor address; City; 136 LARIAT LN MARBI	BARLOW State: Zip Code E PAUS TX 781a	#25.— H
Contributor's p	principal occupation	Contributor's job title)
	employer/law firm	Law firm of contributo	r's spouse (if any)
	TIRED	N/A	
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

ТІ	ne Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	LODY G. HENSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC II	D#:)	7 Amount of contribution (\$)
1112/1000	6 Contributor address; City; PI BOX 370 BP1665	State; Zip Code	\$ 500.—
8 Contributor's p	rincipal occupation	9 Contributor's job title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor	
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
2/14/2022	Contributor address; City; BURNE	State; Zip Code TX 78611	#300-
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	
If contributor is	a child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
2/18/200	BOSTIC CO/TODD BOSTIC Contributor address; City; 2733 HWY ZAE BUKNET	State: Zip Code	\$ 500.—
Contributor's p	orincipal occupation	Contributor's job title	ELF EMPLOYED
Contributor's employer/law firm Law firm of contributor			
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	CODY G. HENSON		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2022	5 Full name of contributor out-of-state PAC I JOHN GLENN 6 Contributor address; City; 101 BUFFALO TRALL LIBER	State; Zip Code	7 Amount of contribution (\$) \$\\$\limits\ \tau\ \cdots\ \tau\
8 Contributor's p	rincipal occupation	9 Contributor's job title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor	00 No. 80 No. 10
12 If contributor is	a child, law firm of parent(s) (if any)		
2/1/201	Full name of contributor out-of-state PAC I WE WATHERINE STR Contributor address; City; 315 MEADOWLAWS DR. ME	1PUN6 State; Zip Code	Amount of contribution (\$) # 1,000.— 18654
	vincipal occupation NUE AGENT	Contributor's job title	F
	mployer/law firm AY INSURANCE	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
16 1202	Full name of contributor out-of-state PAC I BEVERLY & LENNETH GRAM Contributor address; City; IIZ WALLACE PLODELL BURNET	State: Zip Code	Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
	employer/law firm NA s a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	CODY 6. HENSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC I	D#:)	7 Amount of contribution (\$)
2/1/1022	PON FLAKE 6 Contributor address; City; 6149 FM 2657 BM665	State; Zip Code	\$1,000.
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor' N/A	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC	D#:)	Amount of contribution (\$)
217/202	CHARLIE KEISER Contributor address; City; 704 2ND ST. MARBLE PA	State; Zip Code NJ TX 78654	#125
	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	
If contributor is	s a child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor ut-of-state PAC	D#:)	Amount of contribution (\$)
2/7/22	SUSIE LEISER Contributor address; City; 308 FIRESTONE DK. MEMON	State: Zip Code ILAKES, TX 7869	\$125.— Y
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	
If contain its ::	NIA s a child, law firm of parent(s) (if any)	NI	ł
ii contributor i			
	NIA		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

The	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	LODY 6. HENSON	3 Filer ID (Ethics Commission Filers)	
	Full name of contributor out-of-state PAC II HEIDEMAY-IT BRAVN Contributor address; City; PD BIX 962 MAY-BLE FOR	7 Amount of contribution (\$)	
8 Contributor's pri		9 Contributor's job title	
10 Contributor's em	NIA	11 Law firm of contributor	s spouse (if any)
12 If contributor is a	a child, law firm of parent(s) (if any)		
Date		D#:)	Amount of contribution (\$)
2/2/2012	SHANE & WELLI GINDRUP Contributor address; City; 725 UP 112 BURNET	State; Zip Code	\$1,000.
Contributor's pri	ncipal occupation	Contributor's job title	
Contributor's em	ployer/law firm	Law firm of contributor	s spouse (if any)
If contributor is a	a child, law firm of parent(s) (if any)		
Date	— ·	D#:)	Amount of contribution (\$)
2/1/2022	MARK KLYNN HALL Contributor address; City; 105 ROAD RVNNER LN BURNE	State: Zip Code	\$ 500 -
Contributor's pri	incipal occupation	Contributor's job title	
Contributor's em	NIA	Law firm of contributor	20 20 20 20 20 20 20 20 20 20 20 20 20 2
If contributor is	a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:		
2 FILER NAM	CODY G. HENSON		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 2/14/202	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 78611	8 Amount of Contribution \$ Check if travel outs	9 In-kind contribution description USE OF TRAILER TO DISPLAY SIGNS ide of Texas. Complete Schedule T.	
And the contraction of the contract	cupation / Job title (FOR NON-JUDICIAL)(See Instructions) TIES MAINTENANCE		er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 2/14/202	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description VSE OF TRUCK TO DISPLAY SIGN ded of Texas. Complete Schedule T.	
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUNE)	JDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributo	r 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 requ	ested information is not applicable, DO NOT includ	e this page	e in the report.		
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	E CODY 6. HENSON		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 78611	8 Amount of Contribution \$ 9 In-kind contribution description 10 In-kind contribution 10 I		
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions) - ASSISTANT	HENSO,	er (FOR NON-JUDICIAL)(See Instructions) N # ROWAFELLOW, PLLC		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	butor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL) N/A	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 3 20~	Full name of contributor out-of-state PAC (ID#:	Zip Code 78611	Amount of Contribution \$ In-kind contribution description \$ 392.70 USE OF PERSONAL VEHICLE Check if travel outside of Texas. Complete Schedule T.		
_	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions) ITOPNEY'S ABSTRACT		
Contributor's	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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME LODY G. HENSON	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2022	5 Payee name SONNY ≠ JILL MCAFEE	
6 Amount (\$) \$ 250. —	7 Payee address; 109 B16 SKY, BURNET	City; State; Zip Code , TX 78611
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description PETURNED UNTERBUTION
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/10/2022	BURNET CHAMBER OF	LOMMERCE
Amount (\$)	Payee address;	City; State; Zip Code
∄370.—	101 N. PIERCE ST.	BURNET TX 78611
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CHAMBER BANQUET TABLE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/11/2022	OFFICE DEPOT	
Amount (\$)	Payee address;	City; State; Zip Code
\$325.40	POBOX 7241	SIONX FALLS SD 57117-7241
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE	MEET & GREET INVITATIONS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CODY G. HENSON	3 1	Filer ID (Ethi	cs Commission Filers)
4 Date 7/11/202	5 Payee name HIGHLAND LAWS NEWSPA	PERS		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3,20.	PO BOX 1000	MARBLE FALL	s TX	78654
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	APVERTISING EXPENSE	SE NEWS PAPER ADS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/11/2022	STAPLES BUSINESS CAET	DIT		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,099.77	PO BOX 105638	ATLANTA	6A	30348-5638
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	PAMPHLET	PRIN	TIN6
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/14/2022	THOMAS GRAPICS, INC.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,721.18	PD BOX 142226	AMSTIN	TX	78714-22
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIRECT MA	HLER	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder liv	ing 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	:D	

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 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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME CODY G. HEWSON		3 Filer ID (Ethics	s Commission Filers)
4 Date 1/5/2022	5 Payee name THOMAS GRAPMCS, INC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$2,062.16	PO BOX 142226	AUSTIN	TX	78714-2226
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIRECT	MAILER	,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/15/2022	OMT- ONE MORE THING SI	GN SHOP		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,854.11	1844 WEST HWY 29	BUPNET	TX	78611
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2116/2022	THOMAS GRAPHICS, INC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 2063.24	PO BOX 142226	AUSTIN	TX	78714-2226
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIRECT	MAILER	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g 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 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 Credit Card Payment	I Committee Legal Services Salaries/N The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	LODY G. HENSO	00	
4 Date 2/1/2022	RAISE THE MONEY		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$49.25	PO BOX 26466	LITTLE ROCK AR 72221	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	MERCHANT FEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/3/2022	RAISE THE MONEY		
Amount (\$)	Payee address;	City; State; Zip Code	
\$14.95	PO BOX 26466	LITTLE ROCK AR 72221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	MERCHANT FEES	
	Check if travel outside of Texas. Complete Schedule T.	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		
21912022	PAISE THE MINEY		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 24.75	PO BOX 26466	LITTLE ROCK AR 72221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	MERCHANT PEES	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, 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 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 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 Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	CODY G. HENSON		
4 Date 2/11/2022	PAISE THE MINEY		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$10.05	PO BOX 26466	LITTLE BOCK AR 72221	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	MERCHANT FEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/16/2022	RAISE THE MONEY		
Amount (\$)	Payee address;	City; State; Zip Code	
\$12.70	PO BOX 26466	LITTLE PICK AR 72221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	MERCHANT FEES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/19/2022	RAISE THE MONEY		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1.47	PO BOX 26466	LITTLE ROCK AR 72221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	MERLHANT FEES	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

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

	EXPENDITURE CATEGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a catego	oment & Related Expense
	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILERNAME COPY G. HENSON	J	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$	
5 Date 2/1/2022	6 Payee name HOME DEPOT			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$289.34	1307 MORMON MILL RD.	MAPBLE	FALLS TX	78654
9 TYPE OF EXPENDITURE	Political Non-Po	litical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office h	neld
Date 2/1/2022	Payee name HOOVER BUILDING SUPPLY	/		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$11.36	500 E. POLKST.	BURNET	TX	78611
TYPE OF EXPENDITURE	Political Non-Po	olitical		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVENTISING EXPENSE	SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense

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Office sought

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printir	S FOR BOX 10(a) Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expens
	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME CODY G. HENSO	Ν	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$	
5 Date 2/2/20マン	6 Payee name HOOVER BUILDING SUPPL	-Y		
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$10.81	500 E POLK ST.	BUDNET	Tx	78611
9 TYPE OF EXPENDITURE	Political No	n-Political		
10	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	516NS		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Au	ustin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$188.61	1307 MORMON MILL RD.	MARBLE	PAUS TX	78654
TYPE OF EXPENDITURE	Political No	on-Political		
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNS		
	Check if travel outside of Texas. Complete Schedule	eT. Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld

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	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	ban Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F4:	2 FILER NAME LODY G. HENSO	N	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$	
5 Date 2/7/2022	6 Payee name HOME DEPOT			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$ 270.50	1307 MORMON MILL PD	. MARBLE	FALLS TX	78654
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this sche	edule) (b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNS		
200000 18000000 500 H	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if A	ustin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	eld
Date 2/15/202	Payee name HIME DEPIT			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 53.91	1307 MORMON MILL BE	MARBLE	FALLS TX	78654
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNS		
	Check if travel outside of Texas. Complete Sch	edule T. Check if	Austin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED	
				D : 144/4/0000

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overh Polling Expe Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	The Instruction Guide explains	how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAME WDY G. HENS	SIN		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACRI	EDIT CARD	\$	
5 Date ン1412022	6 Payee name HONERS BUILDING	Suppl	-4		
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
\$10.81	SOO E. POLK ST.		BURNET	TX	78411
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	MOVERTISING EXPENSE		SIGNS		
	(c) Check if travel outside of Texas. Complete Sc	chedule T.	Check if Au	stin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	neld
Date 2/16/2022	Payee name BEKTKAM HARDWARD	= \$ 5	npply		
Amount (\$)	Payee address;		City;	State;	Zip Code
843.21	601 E HWY 29		BERTRAM	TX	78605
TYPE OF EXPENDITURE	Political	Non-Po	ilitical		
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	-	SIGNS		
	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder livi	ng expense
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH				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 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 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: LODY G. HENSON 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD HOOVER BUILDING SUPPLY 2/18/2022 **7** Amount (\$) 8 Pavee address: Zip Code City; State: SOD E POLKST. \$10.81 78611 BURNET TxTYPE OF * Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** SIGNS ADVERTISING EXPENSE 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 Payee name HOME DEPOT 2110/2022 Payee address; State: Zip Code Amount (\$) City: 78654 1307 MORMON MILL TX MARCIBLE FALLS \$1,799.65 TYPE OF + Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description SIGNS PURPOSE ADVERTISING EXPENSE 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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	CORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME CODY G. HEN	ISON	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 2/6/2022	6 Payee name DEVAWAWE SPRING	S	
7 Amount (\$) \$176.70	8 Payee address; (DD DELAWARE SPEIN	city; 165 BURNE	State; Zip Code T TY 78611
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this EVENT EXPENSE (c) Check if travel outside of Texas. Complete S	F000/BE	IN EXAMPLE MEET & GREET
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1417022	Payee name VICTORY PUBLISHIN	6 Co.	
Amount (\$)	Payee address;	City;	State; Zip Code
\$135.	1007 NEK	MARBLE	FALLS TX 78654
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ADVERTISING EXPENS Check if travel outside of Texas. Complete	PADIO 1	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 O	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) 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 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 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: CODY G. HENSON 13 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 2112/2022 LOWES 8 Payee address; **7** Amount (\$) Zip Code State: 3200 N US HWY 281 MARBLE FALLS TX 78654 \$ 134.51 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** SIGNS ADVERTISING EXPENSE 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 BERTRAM HAPDWARE & SUPPLY 2/12/2022 Amount (\$) State: Zip Code Payee address; City; 78608 \$132.41 601 E HWY 29 BERTRAM TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) SIGNS PURPOSE ADVERTISING EXPENSE 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

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SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		nse		
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME LODY G. HENS IN 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 2/11/2022	6 Payee name HIME DEPOT			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
\$562.78	1307 MORMON MILL RD. MARBLE FALLS TX 78654	!		
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE SIGNS			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH				
Date 2/13/2022	Payee name VAPLAN STRATEGIES			
Amount (\$)	Payee address; City; State; Zip Code			
\$10.	2602 LOUNSBURY CT KISSIMMEE FL 34746			
TYPE OF EXPENDITURE	Political Non-Political			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE MASS TEXT AD.			
	Check if travel outside of Texas. Complete Schedule T. 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			

SCHEDULE F4

If the requested inform	nation is not applicable, DO NOT incl	ude this page in the rep	oort.	
	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME	non to complete time form	3 Filer ID (Ethics (Commission Filers)
13	LODY 6. HEN	SON	(2	,
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$	
5 Date 2/11/2022	6 Payee name OFFICE DEPOT			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$17.82	1311 MORMON MILL PD	MARBLE	FAUS TX	78654
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this so	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	SE PRECINCT PACKAGES		
AND CONTROL OF THE PROPERTY OF	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	ustin, TX, officeholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
2 15 1071	Payee name SQNARE SPACE			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 28.15	225 VARICE ST. 12th FL	OOK NEW YOR	K NY	10014
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this s	chedule) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEBSITE	Ε	
	Check if travel outside of Texas. Complete So	chedule T. Check if A	ustin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld

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 By Candidate/Officeholder/Politica	Fees Office 6 Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME CODY G. HENS	0.01	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A		\$
5 Date 2/4/2022	6 Payee name WAUGHEENS		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$23.37	100 N WATER ST.	BUKNET	Tx 78611
9 TYPE OF EXPENDITURE	Political Non	-Political	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	PHINTING EXPENSE	POSTE	<u>p</u>
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Au	istin, TX, officeholder living expense
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
214/2022	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
\$155.05	1503 HWY 1431	MARBLE	FAUS TX 78654
TYPE OF EXPENDITURE	Political Nor	n-Political	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD/BE	EV MEET & GREET
	Check if travel outside of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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SCHEDULE F4

	EXPENDITURE CATEGORIES F	OR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Ex	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME LODY G. HENSO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CR	SEDIT CARD \$
5 Date 2/9/2022	6 Payee name HEB	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
\$85.80	1503 FM 1431	MARBLE FALLS TX 78654
9 TYPE OF EXPENDITURE	Political Non-Po	olitical
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD/BEV MEET & GREET
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	office sought Office held
2/8/2022	Payee name HEB	
Amount (\$)	Payee address;	City; State; Zip Code
\$196.41	1503 FM 1431	MARBLE FALLS TX 78611
TYPE OF EXPENDITURE	Political Non-Po	olitical
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD/BEV MEET & GREET
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F4

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 histraction durae explain	s now to complete this form.	1		
1 Total pages Schedule F4:	2 FILER NAME LODY G. H	ENSON	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date	6 Payee name				
216/2022	HEB				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
\$138.12	1503 FM 1431	MARBLE	FALLS TX 78654		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
		- 1			
PURPOSE OF	EVENT EXPENSE	FOOD/BE	V MEET & GREET		
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete 9	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		
Date	Payee name				
2/19/2022	FALEBOOK				
DITTIMO	THEODOCE				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$225			CA		
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of this	schedule) Description			
PURPOSE	ADVINOTISIAL EVAL	+5 45	0/-D-151011		
OF	ADVERTISING EXPEN	USE FB AD	VERTISING		
EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED		

SCHEDULE F4

	EXPENDITURE CATEGORIES I	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Expense Office Over Food/Beverage Expense Printing Expense Office Over Food/Beverage Expense Over Food/Beverage Expense Office Over Food/Beverage Expense Over Food Food Food Food Food Food Food Foo	Expense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILERNAME CODY G. HENS	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date 2/14/2022	6 Payee name LEGENDS GOLF LOUR	SE		
7 Amount (\$)	8 Payee address;	City; State; Zip Code		
\$233.75	115 PANGEWAY CIR.	MNGSLAND TX 78639		
9 TYPE OF EXPENDITURE	Political Non-P	Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATIONS	CHILI COOK OFF LIVE AUCTIO		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date 2/10/2022	Payee name BURNET COUNTY REPU	ABLICAN WOMEN'S CLUB		
Amount (\$)	Payee address;	City; State; Zip Code		
\$ 65.96	PO BOX 1055	MARBLE FALLS TX 78654		
TYPE OF EXPENDITURE	Political Non-F	Political		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	LUNCHEON TICKETS		
	Check if travel outside of Texas. Complete Schedule T.	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 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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (enter a satisger	, not noted above,	
1 Total pages Schedule G:	2 FILER NAME LODY G. HENSO	3 Filer ID (Ethics Commission Filers)			
4 Date 24/2022	5 Payee name SPEC'S				
6 Amount (\$) \$481.19	7 Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	2510 HWY 281	MARBLE FALLS TX 78654			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	EVENT EXPENSE	FOOD/BEV.	FOR MEE	TEGREET	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
2/7/2022	PLAV, LLC				
Amount (\$) \$1,875. Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code	
	220 MEADINLAKES DR.	MEADOW	LAKES TX	78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	EVENT EXPENSE	FOOD/BEV MEET & GREET			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/					
Date	Payee name				
2/7/2022	JOSH FOWLER/FOULER	PEMODELL	NG MANDY,	MAN SERVICE	
Amount (\$) \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	LONTRACT LABOR	INSTALL	SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		ense ges/Contract Labor	Travel In District Travel Out Of District Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NA	AME	***	mpiete tino termi.	3 Filer ID (Ethics (Commission Filers)
2	Co	DY G. HENSOI	N			
4 Date 2/18/2072	5 Payee nar	TOWLER/FOWL	ER RE	5MODELING	# HANDY MA	NS ERVICES 4
6 Amount (\$) \$ 2,788.52 Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	CONTR	(See Categories listed at the top of this set of the control of th		b) Description ///STALL Check if Austin	SIGNS TX, officeholder living exp	nense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		office sought		Office held
Date	Payee nar	me				
Amount (\$)	Payee ad	dress;	***************************************	City;	State;	Zip Code
political contributions intended						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name	C	Office sought	(Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	C	Office sought	(Office held
	ATTA	ACH ADDITIONAL COPIES (OF THIS SCI	HEDULE AS NEED	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. 2 FILER NAME Filer ID (Ethics Commission Filers) CODY G. HENSON 4 Name of lender LENDER **INFORMATION** CODY G. HENSON 5 Lender address; Zip Code 539 OAK VISTA DR. BURNET 78611 TX **GUARANTOR** 6 Name of guarantor **INFORMATION** 7 Guarantor address; not applicable City; Zip Code Name of lender 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; not applicable State: Zip Code LENDER Name of lender **INFORMATION** Lender address: City; State; Zip Code Name of guarantor **GUARANTOR INFORMATION** Guarantor address: not applicable City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED