

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR.

CODY

G.

NICKNAME

LAST

SUFFIX

HENSON

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

117 E JACKSON ST. BURNET TX 78611

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 756-4100

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR.

CODY

G.

NICKNAME

LAST

SUFFIX

HENSON

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

117 E. JACKSON ST. BURNET, TX 78611

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 756-4100

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

01 / 31 / 2022 THROUGH 02 / 19 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 01 / 2022

Primary

Runoff

ELECTION TYPE

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUDGE - BURNET COUNTY COURT AT LAW

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

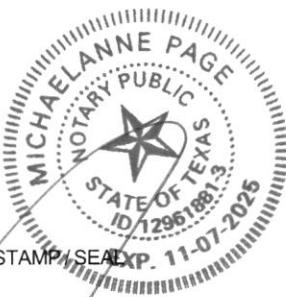
15 JC/OH NAME CODY HENSON 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,087.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,749.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,938.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000. -

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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by CODY HENSON this the 21<sup>st</sup> day of FEBRUARY 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: MICHAELANNE PAGE  
Printed name of officer administering oath: MICHAELANNE PAGE  
Title of officer administering oath: OFFICE ADMINISTRATOR

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - JC/OH**

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

<b>19</b> FILER NAME LODY G. HENSON		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,675.-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 412.70
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,999.03
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,869.84
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,881.04
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 form.		1 Total pages Schedule A(J)1: <b>6</b>
2 FILER NAME <b>CODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/1/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>JAMES &amp; JESSICA MURDOCK</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>724 BUFFALO TRAIL LIBERTY HILL TX 78642</b>		
8 Contributor's principal occupation <b>BUILDER/REALTOR</b>		9 Contributor's job title <b>BUILDER/REALTOR</b>
10 Contributor's employer/law firm <b>J MURDOCK HOMES LLC/MAGNOLIA REALTY</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/3/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>MATT &amp; ANGELA REWITT</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>138 CREPE MYRTLE LN GEORGETOWN, TX 78633</b>		
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/9/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>RITA &amp; DALE STEITL</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 754 BURNET TX 78611</b>		
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## 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 form.		1 Total pages Schedule A(J)1: <b>6</b>
2 FILER NAME <b>CODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>MARYLYNN RAY</b>	7 Amount of contribution (\$) <b>\$ 200. —</b>
6 Contributor address; City; State; Zip Code <b>9 AGASTA MEADOWLAKES TX 78654</b>		
8 Contributor's principal occupation <b>COURT CLERK / COORDINATOR</b>		9 Contributor's job title <b>COURT CLERK / COORDINATOR</b>
10 Contributor's employer/law firm <b>BURNET COUNTY</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/16/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>CLAIRE NYBRO &amp; ALLAN HANCOCK</b>	Amount of contribution (\$) <b>\$ 50. —</b>
Contributor address; City; State; Zip Code <b>410 CR 100 BURNET TX 78611</b>		
Contributor's principal occupation <b>BOA</b>		Contributor's job title <b>BOA</b>
Contributor's employer/law firm <b>EDWARD JONES</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/19/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DON BARLOW &amp; JULIE BARLOW</b>	Amount of contribution (\$) <b>\$ 25. —</b>
Contributor address; City; State; Zip Code <b>136 LAKIAT LN MARBLE FALLS TX 78654</b>		
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 form.		1 Total pages Schedule A(J)1: <b>6</b>
2 FILER NAME <b>CODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>GAYLYNN SNEED</b>	7 Amount of contribution (\$) <b>\$ 500.-</b>
6 Contributor address; City; State; Zip Code <b>PO BOX 370 BRIGGS TX 78608</b>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
<b>2/14/2022</b>	<b>LA VONNA FOX FAMILY TRUST</b>	<b>\$ 300.-</b>
Contributor address; City; State; Zip Code <b>605 N WATER ST BURNET TX 78611</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
<b>2/18/2022</b>	<b>BOSTIL CO/TODD BOSTIL</b>	<b>\$ 500.-</b>
Contributor address; City; State; Zip Code <b>2233 HWY 2AE BURNET TX 78611</b>		
Contributor's principal occupation <b>BUILDER</b>		Contributor's job title <b>BUILDER/ SELF EMPLOYED</b>
Contributor's employer/law firm <b>BOSTIL CO/ SELF EMPLOYED</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## 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 form.		1 Total pages Schedule A(J)1: <b>6</b>
2 FILER NAME <b>CODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>JOHN GLENN</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>101 BUFFALO TRAIL LIBERTY HILL TX 78642</b>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/7/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>KYLE &amp; KATHERINE STRIPLING</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>315 MEADOWLAKES DR. MEADOWLAKES, TX 78654</b>		
Contributor's principal occupation <b>INSURANCE AGENT</b>		Contributor's job title <b>OWNER / SELF</b>
Contributor's employer/law firm <b>GALLOWAY INSURANCE</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/6/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>BEVERLY &amp; KENNETH GRAHAM</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>112 WALLACE RIDDELL BURNET TX 78611</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 form.		1 Total pages Schedule A(J)1: <b>6</b>
2 FILER NAME <b>CODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/7/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>RON FLAKE</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>6149 FM 2657 BRIGGS TX 78608</b>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/7/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>CHARLIE KEISER</b>	Amount of contribution (\$) <b>\$125.00</b>
Contributor address; City; State; Zip Code <b>704 2ND ST. MARBLE FALLS TX 78654</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/7/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>SUSIE KEISER</b>	Amount of contribution (\$) <b>\$125.00</b>
Contributor address; City; State; Zip Code <b>308 FIRESTONE DR. MEADOWLAKES, TX 78094</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## 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 form.		1 Total pages Schedule A(J)1: <b>6</b>
2 FILER NAME <b>LODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>HEIDEMARIE BRAUN</b>	7 Amount of contribution (\$) <b>\$200--</b>
6 Contributor address; City; State; Zip Code <b>PO BOX 962 MARBLE FALLS TX 78654</b>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/2/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>SHANE &amp; KELLI GINDRUP</b>	Amount of contribution (\$) <b>\$1,000.--</b>
Contributor address; City; State; Zip Code <b>725 W 112 BURNET TX 78611</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/1/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>MARK &amp; LYNN HALL</b>	Amount of contribution (\$) <b>\$500.--</b>
Contributor address; City; State; Zip Code <b>105 ROAD RUNNER LN BURNET TX 78611</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 1.5em;">2</span>	
2 FILER NAME <span style="font-size: 1.2em;">CODY G. HENSON</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <span style="font-size: 1.2em;">2/14/2022</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">MICHAEL PAGE</span>	8 Amount of Contribution \$ # —	9 In-kind contribution description <span style="font-size: 1.2em;">USE OF TRAILER TO DISPLAY SIGNS</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">800 SHORT ST. BURNET TX 78611</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <span style="font-size: 1.2em;">FACILITIES MAINTENANCE</span>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <span style="font-size: 1.2em;">ENTEGRIS</span>	
12 Contributor's principal occupation (FOR JUDICIAL) <span style="font-size: 1.2em;">N/A</span>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <span style="font-size: 1.2em;">N/A</span>	
14 Contributor's employer/law firm (FOR JUDICIAL) <span style="font-size: 1.2em;">N/A</span>		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) <span style="font-size: 1.2em;">N/A</span>			
Date <span style="font-size: 1.2em;">2/14/2022</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">HUBBARD TRUCKING</span>	Amount of Contribution \$ # —	In-kind contribution description <span style="font-size: 1.2em;">USE OF TRUCK TO DISPLAY SIGNS</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1530 CK 330 BURNET TX 78611</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <span style="font-size: 1.2em;">SELF EMPLOYED</span>		Employer (FOR NON-JUDICIAL)(See Instructions) <span style="font-size: 1.2em;">SELF</span>	
Contributor's principal occupation (FOR JUDICIAL) <span style="font-size: 1.2em;">N/A</span>		Contributor's job title (FOR JUDICIAL)(See Instructions) <span style="font-size: 1.2em;">N/A</span>	
Contributor's employer/law firm (FOR JUDICIAL) <span style="font-size: 1.2em;">N/A</span>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <span style="font-size: 1.2em;">N/A</span>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <span style="font-size: 1.2em;">N/A</span>			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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: <b>2</b>	
2 FILER NAME <b>CODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELIZABETH HUBBARD</b>	8 Amount of Contribution \$ <b>\$ 20.-</b>	9 In-kind contribution description <b>USE OF PERSONAL VEHICLE</b>
	7 Contributor address; City; State; Zip Code <b>1530 CR 330 BURNET TX 78611</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>LEGAL ASSISTANT</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>HENSON &amp; ROCKAFELLOW, PLLC</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>LEGAL ASSISTANT</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>11/31/2022 BRIAN GUNN</b>	Amount of Contribution \$ <b>\$ 392.70</b>	In-kind contribution description <b>USE OF PERSONAL VEHICLE</b>
	Contributor address; City; State; Zip Code <b>1400 ADAM AVE BURNET TX 78611</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>TITLE EXAMINER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>ATTORNEY'S ABSTRACT</b>	
Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		Contributor's job title (FOR JUDICIAL)(See Instructions) <b>N/A</b>	
Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>S</b>	<b>2</b> FILER NAME <b>LODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/10/2022</b>	<b>5</b> Payee name <b>SONNY &amp; JILL MCAFEE</b>	
<b>6</b> Amount (\$) <b>\$250.-</b>	<b>7</b> Payee address; <b>109 BIG SKY, BURNET, TX 78011</b>	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>REFUND</b>	<b>(b)</b> Description <b>RETURNED CONTRIBUTION</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/10/2022</b>	Payee name <b>BURNET CHAMBER OF COMMERCE</b>	
Amount (\$) <b>\$320.-</b>	Payee address; <b>101 N. PIERCE ST.</b>	City; State; Zip Code <b>BURNET TX 78011</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>CHAMBER BANQUET TABLE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/11/2022</b>	Payee name <b>OFFICE DEPOT</b>	
Amount (\$) <b>\$325.40</b>	Payee address; <b>PO BOX 7241</b>	City; State; Zip Code <b>SIoux FALLS SD 57117-7241</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>MEET &amp; GREET INVITATIONS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>	<b>2</b> FILER NAME <u>LODY G. HENSON</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/11/2022</u>	<b>5</b> Payee name <u>HIGHLAND LAKES NEWSPAPERS</u>	
<b>6</b> Amount (\$) <u>\$3,200.-</u>	<b>7</b> Payee address; <u>PO BOX 1000</u>	City; State; Zip Code <u>MARBLE FALLS TX 78654</u>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	<b>(b)</b> Description <u>NEWSPAPER ADS</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/11/2022</u>	Payee name <u>STAPLES BUSINESS CREDIT</u>	
Amount (\$) <u>\$1,099.77</u>	Payee address; <u>PO BOX 105638</u>	City; State; Zip Code <u>ATLANTA GA 30348-5638</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>PAMPHLET PRINTING</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/14/2022</u>	Payee name <u>THOMAS GRAPHICS, INC.</u>	
Amount (\$) <u>\$1,721.18</u>	Payee address; <u>PO BOX 142226</u>	City; State; Zip Code <u>AUSTIN TX 78714-2226</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>DIRECT MAILER</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>	<b>2</b> FILER NAME <u>CODY G. HENSON</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/15/2022</u>	<b>5</b> Payee name <u>THOMAS GRAPHICS, INC</u>	
<b>6</b> Amount (\$) <u>\$2,062.16</u>	<b>7</b> Payee address; <u>PO BOX 142226</u>	City; State; Zip Code <u>AUSTIN TX 78714-2226</u>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	<b>(b)</b> Description <u>DIRECT MAILER</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>2/15/2022</u>	Payee name <u>DMT- ONE MORE THING SIGN SHOP</u>		
Amount (\$) <u>\$1,854.11</u>	Payee address; <u>1844 WEST HWY 29</u>	City; State; Zip Code <u>BURNET TX 78611</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>SIGNS</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <u>2/16/2022</u>	Payee name <u>THOMAS GRAPHICS, INC</u>		
Amount (\$) <u>\$2,063.24</u>	Payee address; <u>PO BOX 142226</u>	City; State; Zip Code <u>AUSTIN TX 78714-2226</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>DIRECT MAILER</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>	<b>2</b> FILER NAME <u>LODY G. HENSON</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/1/2022</u>	<b>5</b> Payee name <u>RAISE THE MONEY</u>	
<b>6</b> Amount (\$) <u>\$49.25</u>	<b>7</b> Payee address; <u>PO BOX 26466</u>	City; State; Zip Code <u>LITTLE ROCK AR 72221</u>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>FEES</u>	<b>(b)</b> Description <u>MERCHANT FEES</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>2/3/2022</u>	Payee name <u>RAISE THE MONEY</u>	
Amount (\$) <u>\$14.95</u>	Payee address; <u>PO BOX 26466</u>	City; State; Zip Code <u>LITTLE ROCK AR 72221</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FEES</u>	Description <u>MERCHANT FEES</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>2/9/2022</u>	Payee name <u>RAISE THE MONEY</u>	
Amount (\$) <u>\$24.75</u>	Payee address; <u>PO BOX 26466</u>	City; State; Zip Code <u>LITTLE ROCK AR 72221</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FEES</u>	Description <u>MERCHANT FEES</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>	<b>2</b> FILER NAME <u>LODY G. HENSON</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/11/2022</u>	<b>5</b> Payee name <u>RAISE THE MONEY</u>	
<b>6</b> Amount (\$) <u>\$10.05</u>	<b>7</b> Payee address; <u>PO BOX 26466</u>	City; State; Zip Code <u>LITTLE ROCK AR 72221</u>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>FEES</u>	<b>(b)</b> Description <u>MERCHANT FEES</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/16/2022</u>	Payee name <u>RAISE THE MONEY</u>	
Amount (\$) <u>\$2.70</u>	Payee address; <u>PO BOX 26466</u>	City; State; Zip Code <u>LITTLE ROCK AR 72221</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FEES</u>	Description <u>MERCHANT FEES</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/19/2022</u>	Payee name <u>RAISE THE MONEY</u>	
Amount (\$) <u>\$1.47</u>	Payee address; <u>PO BOX 26466</u>	City; State; Zip Code <u>LITTLE ROCK AR 72221</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FEES</u>	Description <u>MERCHANT FEES</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 13	<b>2</b> FILER NAME COPY G. HENSON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 2/1/2022	<b>6</b> Payee name HOME DEPOT	
<b>7</b> Amount (\$) \$289.34	<b>8</b> Payee address: 1307 MORMON MILL RD.	City; State; Zip Code MARBLE FALLS TX 78654
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description SIGNS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/1/2022	Payee name HOOVER BUILDING SUPPLY	
Amount (\$) \$11.36	Payee address: 500 E. POLK ST.	City; State; Zip Code BURNET TX 78611
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>CODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date <b>2/2/2022</b>	<b>6</b> Payee name <b>HOOVER BUILDING SUPPLY</b>	
<b>7</b> Amount (\$) <b>\$10.81</b>	<b>8</b> Payee address: <b>500 E POLK ST.</b>	City; State; Zip Code <b>BARNET TX 78611</b>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/2/2022</b>	Payee name <b>HOME DEPOT</b>	
Amount (\$) <b>\$188.61</b>	Payee address: <b>1307 MORMON MILL RD.</b>	City; State; Zip Code <b>MARBLE FALLS TX 78654</b>
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <i>13</i>	<b>2</b> FILER NAME <i>LODY G. HENSON</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>2/7/2022</i>	<b>6</b> Payee name <i>HOME DEPOT</i>	
<b>7</b> Amount (\$) <i>\$270.50</i>	<b>8</b> Payee address;	City; State; Zip Code <i>MARBLE FALLS TX 78654</i>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<i>ADVERTISING EXPENSE</i>	<i>SIGNS</i>
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/15/2022</i>	Payee name <i>HOME DEPOT</i>	
Amount (\$) <i>\$53.91</i>	Payee address;	City; State; Zip Code <i>MARBLE FALLS TX 78654</i>
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<i>ADVERTISING EXPENSE</i>	<i>SIGNS</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>LODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date <b>2/14/2022</b>	<b>6</b> Payee name <b>HOOVERS BUILDING SUPPLY</b>	
<b>7</b> Amount (\$) <b>\$10.81</b>	<b>8</b> Payee address: <b>500 E. POLK ST.</b>	City; State; Zip Code <b>BURNET TX 78611</b>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/16/2022</b>	Payee name <b>BERTRAM HARDWARE &amp; SUPPLY</b>	
Amount (\$) <b>\$43.21</b>	Payee address: <b>601 E HWY 29</b>	City; State; Zip Code <b>BERTRAM TX 78605</b>
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>LODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <b>2/18/2022</b>	<b>6</b> Payee name <b>HOOVER BUILDING SUPPLY</b>	
<b>7</b> Amount (\$) <b>\$10.81</b>	<b>8</b> Payee address; <b>500 E POLK ST.</b>	City; State; Zip Code <b>BURNET TX 78611</b>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/10/2022</b>	Payee name <b>HOME DEPOT</b>	
Amount (\$) <b>\$1,799.65</b>	Payee address; <b>1307 MORMON MILL</b>	City; State; Zip Code <b>MARBLE FALLS TX 78654</b>
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | 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: <b>13</b>		2 FILER NAME <b>CODY G. HENSON</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <b>2/16/2022</b>		6 Payee name <b>DELANARE SPRINGS</b>			
7 Amount (\$) <b>\$76.70</b>		8 Payee address: <b>600 DELANARE SPRINGS</b>		City; State; Zip Code <b>BURNET TX 78611</b>	
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description <b>FOOD/BEVERAGE MEET &amp; GREET</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date <b>2/14/2022</b>		Payee name <b>VICTORY PUBLISHING CO.</b>			
Amount (\$) <b>\$135.-</b>		Payee address: <b>1007 AVE K</b>		City; State; Zip Code <b>MARBLE FALLS TX 78654</b>	
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>RADIO AD.</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>CODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date <b>2/12/2022</b>	<b>6</b> Payee name <b>LOWES</b>	
<b>7</b> Amount (\$) <b>\$134.51</b>	<b>8</b> Payee address; City; State; Zip Code <b>3200 N US HWY 281 MARBLE FALLS TX 78654</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/12/2022</b>	Payee name <b>BERTRAM HARDWARE &amp; SUPPLY</b>	
Amount (\$) <b>\$32.41</b>	Payee address; City; State; Zip Code <b>601 E HWY 29 BERTRAM TX 78608</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>CODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date <b>2/11/2022</b>	<b>6</b> Payee name <b>HOME DEPOT</b>	
<b>7</b> Amount (\$) <b>\$562.78</b>	<b>8</b> Payee address; City; State; Zip Code <b>1307 MORMON MILL RD. MARBLE FALLS TX 78654</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>2/13/2022</b>	Payee name <b>KAPLAN STRATEGIES</b>	
Amount (\$) <b>\$170. —</b>	Payee address; City; State; Zip Code <b>2602 LOUNSBURY CT KISSIMMEE FL 34746</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>MASS TEXT AD.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>LODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <b>2/11/2022</b>	<b>6</b> Payee name <b>OFFICE DEPOT</b>	
<b>7</b> Amount (\$) <b>\$17.82</b>	<b>8</b> Payee address; <b>1311 MORMON MILL RD</b>	City; State; Zip Code <b>MARBLE FALLS TX 78654</b>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	<b>(b)</b> Description <b>PRECINCT PACKAGES</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/15/2022</b>	Payee name <b>SQUARE SPACE</b>	
Amount (\$) <b>\$28.15</b>	Payee address; <b>225 VARICK ST. 12TH FLOOR</b>	City; State; Zip Code <b>NEW YORK NY 10014</b>
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>WEBSITE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 13	<b>2</b> FILER NAME CODY G. HENSON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 2/14/2022	<b>6</b> Payee name WALGREENS	
<b>7</b> Amount (\$) \$23.37	<b>8</b> Payee address: 100 N WATER ST.	City; State; Zip Code BURNET TX 78611
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description POSTER
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/14/2022	Payee name HEB	
Amount (\$) \$155.05	Payee address: 1503 HWY 1431	City; State; Zip Code MARBLE FALLS TX 78654
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD/BEV MEET & GREET
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 13	<b>2</b> FILER NAME LODY G. HENSON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 2/19/2022	<b>6</b> Payee name HEB	
<b>7</b> Amount (\$) \$85.50	<b>8</b> Payee address; City; State; Zip Code 1503 FM 1431 MARBLE FALLS TX 78654	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description FOOD/BEV MEET & GREET
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/18/2022	Payee name HEB	
Amount (\$) \$196.41	Payee address; City; State; Zip Code 1503 FM 1431 MARBLE FALLS TX 78611	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD/BEV MEET & GREET
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>LODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date <b>2/16/2022</b>	<b>6</b> Payee name <b>HEB</b>	
<b>7</b> Amount (\$) <b>\$138.12</b>	<b>8</b> Payee address; City; State; Zip Code <b>1503 FM1431 MARBLE FALLS TX 78654</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <b>FOOD/BEV MEET &amp; GREET</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <b>2/19/2022</b>	<b>Payee name</b> <b>FACEBOOK</b>	
<b>Amount (\$)</b> <b>\$225.-</b>	<b>Payee address; City; State; Zip Code</b> <b>CA</b>	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>Description</b> <b>FB ADVERTISING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>13</b>	<b>2</b> FILER NAME <b>CODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <b>2/14/2022</b>	<b>6</b> Payee name <b>LEGENDS GOLF COURSE</b>	
<b>7</b> Amount (\$) <b>\$233.75</b>	<b>8</b> Payee address; <b>105 RANGWAY CIR.</b>	City; State; Zip Code <b>KINGSLAND TX 78639</b>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATIONS</b>	<b>(b)</b> Description <b>CHILI COOK OFF LIVE AUCTION</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/10/2022</b>	Payee name <b>BURNET COUNTY REPUBLICAN WOMEN'S CLUB</b>	
Amount (\$) <b>\$65.96</b>	Payee address; <b>PO BOX 1055</b>	City; State; Zip Code <b>MARBLE FALLS TX 78654</b>
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>LUNCHEON TICKETS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME LODY G. HENSON	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/4/2022	<b>5</b> Payee name SPEC'S
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<b>6</b> Amount (\$) \$481.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 2510 HWY 281 MARBLE FALLS TX 78654	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD/BEV. FOR MEET & GREET
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/17/2022	Payee name PLAV, LLC
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Amount (\$) \$1,875.- <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 220 MEADOWLAKES DR. MEADOWLAKES TX 78654	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD/BEV MEET & GREET
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/17/2022	Payee name JOSH FOWLER / FOWLER REMODELING & HANDYMAN SERVICES
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Amount (\$) \$1,736.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description INSTALL SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>LODY G. HENSON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>2/18/2022</b>	<b>5</b> Payee name <b>JOSH FOWLER / FOWLER REMODELING &amp; HANDYMAN SERVICES LLC</b>
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<b>6</b> Amount (\$) <b>\$2,788.52</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	<b>(b)</b> Description <b>INSTALL SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# OUTSTANDING LOANS

## SCHEDULE L

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 L: <u>1</u>	
2 FILER NAME <u>CODY G. HENSON</u>		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender <u>CODY G. HENSON</u>		
	5 Lender address; City; State; Zip Code <u>539 OAK VISTA DR. BURNET TX 78611</u>		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	6 Name of guarantor		
	7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor		
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor		
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor		
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**