# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (                              | Guide explains how               | to complete this form.                            | 1 Fifer ID (Ethics Commission Filers)   | 2 Total pages fi                           | 10                   |
|---|----------------------------------|---|---|--|----------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS/MRS/MR<br>Mr.                 | FIRST Dustin                                      | MI<br>R   | OFFICE                                     | USE ONLY             |
| NAME  | NICKNAME                         | LAST  | SUFFIX  | Date Received                              |                      |
|   |                                  | Creager   |   |  |                      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX<br>19923 Astilb | e Ct. Spring TX 77                                | CITY; STATE; ZIP CODE   |  |                      |
| Change of Address                                   |                                  |   |   |  |                      |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | (832 )                           | 363-7223  | EXTENSION   |  | or Date Postmarked   |
| 6 CAMPAIGN  | MS / MRS / MR                    | FIRST   | 114   | Receipt #                                  | Amount \$            |
| TREASURER<br>NAME                                   | Mr.                              | Dustin  | R   | Date Processed                             |                      |
|   | NICKNAME                         | LAST  | SUFFIX  | Date Imaged                                |                      |
|   |                                  | Creager   |   | Date inlaged                               |                      |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  |                                  | (NO PO BOX PLEASE); APT / S<br>e Ct, Spring TX 77 |   | STATE;                                     | ZIP CODE             |
| (Residence or Business)                             |                                  |   |   |  |                      |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE                        | 363-7223  | EXTENSION   |  |                      |
| 9 REPORT TYPE                                       | January 15                       | 30th day before e                                 | election Runoff   | 15lh day af<br>treasurer a<br>(Officeholde |                      |
|   | July 15                          | 8th day before ele                                | Exceeded Modified Reporting Limit   |  | t (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED                                | Month                            | Day Year  | Month   | Day Year                                   |                      |
| COVERED   | 7                                | / 20 / 21   | THROUGH 10  | / 25 / 21                                  |                      |
| 11 ELECTION   | ELECTION DA                      | TE  | ELECTION TYPE   |  |                      |
|   | Month Day                        | Year Primary                                      | Runoff Other Description  |  |                      |
|   | 11 / 2                           | / 21 ■ General                                    | Special   |  |                      |
| <u> </u>  |                                  |   | Lan   | 2  |                      |
| 12 OFFICE   | OFFICE HELD (if any)             |   | 13 OFFICE SOUGHT (If known  | *  | 's, Pos #4           |
| 14 NOTICE FROM POLITICAL                            | THE CANDIDATE / OFFICE           | EHOLDER, THESE EXPENDITURES                       | ACCEPTED OR POLITICAL EXPENDITURES IN<br>S MAY HAVE BEEN MADE WITHOUT THE CAN<br>RED TO REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFFICEHOL                      | DER'S KNOWLEDGE OR   |
| COMMITTEE(S)  | COMMITTEE TYPE                   | COMMITTEE NAME                                    |   |  | <del></del>          |
|   | GENERAL                          | COMMITTEE ADDRESS                                 |   |  |                      |
| Additional Pages                                    |                                  |   |   |  |                      |
|   | SPECIFIC                         | COMMITTEE CAMPAIGN TRE                            | ASURER NAME   |  |                      |
|   |                                  | COMMITTEE CAMPAIGN TRI                            | EASURER ADDRESS   |  |                      |
|   | · · · · · · ·                    | <b>GO TO</b>                                      | PAGE 2  |  |                      |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Dustin Creager |  | 16 Filer     | ID (Ethics C    | Commission Filers)     |
|--------------------------------|--|--------------|-----------------|------------------------|
| 17 CONTRIBUTION TOTALS         | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | ı            | \$ 7            | 7,511.73               |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |              | \$ 7            | 7,511.73               |
| EXPENDITURE<br>TOTALS          | 3, TOTAL UNITEMIZED POLITICAL EXPENDITURE.   |              | \$              |                        |
|                                | 4. TOTAL POLITICAL EXPENDITURES  |              | \$ 7            | <b>'</b> ,511.73       |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | ST DAY       | \$              |                        |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | FTHE         | \$              |                        |
| I .                            | swear, or affirm, under penalty of perjury, that the accompanying report is true   | e and cor    | rect and inc    | cludes all information |
|                                |  | /            |                 |                        |
|                                | [1] A.   | 1            |                 |                        |
|                                | /heilen  | u            | <b>~~</b>       |                        |
|                                | Signature of Ca  | indidate c   | or Officehold   | der                    |
|                                |  |              |                 |                        |
|                                |  |              |                 |                        |
|                                |  |              |                 |                        |
|                                | Please complete either option below  | <b>/</b> :   |                 |                        |
|                                | ·  |              |                 |                        |
|                                |  | and are com- | -               | 7                      |
|                                | FRAN   | ICES MAT     | TALIANO         | 1                      |
| (4) 407 1 14                   | My No  | tary ID#     | 10109633        | 1                      |
| (1) Affidavit                  | Expl   | es March     | 28, 2023        | 3                      |
|                                | 20000000   |              |                 | <b>4</b> 1             |
| NOTARY STAMP/SEA               | L  |              |                 |                        |
| r .                            | before me by Dustin Creager this the   | oth          |                 | Sugarlas               |
| A 1                            | 9  | 0            | day of 1        | Jovern ber,            |
| 20 2\ , to certify             | which, witness my hand and seal of office.   |              |                 |                        |
| frances                        | Matteliano Frances Mattaliano  | ^            | votary          | -                      |
| Signature of officer administr | ering oath Printed name of officer administering oath  |              | Title of office | er administering oath  |
|                                | OR   |              |                 |                        |
| (2) Unsworn Declarati          | on   |              |                 |                        |
| My name is                     | , and my date of birth is  |              |                 |                        |
| I .                            |  |              |                 |                        |
|                                |  | state) (     | (zip code)      | (country)              |
| Executed in                    | County, State of , on the day of   |              | _, 20<br>(year) | , ,,                   |
|                                | (month   | 1)           | (year)          | _                      |
|                                | Signature of Candid  | tate/Office  | eholder (Dec    | clarant)               |

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

|     | riler NAME<br>ustin Creager  | 20 Filer ID (Ethics Come | missi | on Filers)         |
|-----|--|--------------------------|-------|--------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |                          |       | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |                          | \$    | 2,490.00           |
| 2.  | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |                          | \$    | 3,676.58           |
| 3,  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                          | \$    |                    |
| 4.  | 4. SCHEDULE E: LOANS   |                          | \$    |                    |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  |                          | \$    | 3,835.15           |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |                          | \$    |                    |
| 7.  | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |                          | \$    |                    |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |                          | \$    |                    |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            |                          | \$    | 847.04             |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH            |                          | \$    |                    |
| 11. | 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |                          | \$    |                    |
| 12. | 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |                          | \$    |                    |

### MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report.                             |  |  |                                       |  |
|---|--|--|---------------------------------------|--|
| The   | Instruction Guide explains how to complete this  | s form.                                      | 1 Total pages Schedule A1: 3          |  |
| 2 FILER NAME<br>Dustin Cre  | eager  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date 09/20/2021   | 5 Full name of contributor out-of-state PAC (ID#:) Chad Bullard 6 Contributor address; City; State; Zip Code 9806 Rollinson Park Dr. , Spring TX 77379 |  | 7 Amount of contribution (\$)  500.00 |  |
| 8 Principal occup<br>Energy Trade   | pation / Job title (See Instructions)  | 9 Employer (See Instruct Twin Eagle Resource | ·                                     |  |
| Date 09/20/2021   | Robert Birner  |  | Amount of contribution (\$)           |  |
|   | 82 Florham Park Dr., Spring T  | 77379  |                                       |  |
| Principal occupation / Job title (See Instructions)  Vice President  Employer (See Instructions)  Renewal by Anders |  |  |                                       |  |
| Date 09/20/2021   | Clinton Pendleton  Contributor address; City;  19 Florham Park Dr., Spring T   | State; Zip Code (77379                       | Amount of contribution (\$)  1,000.00 |  |
| Principal occup<br>Business Ow  | ation / Job title (See Instructions)   | Employer (See Instruct<br>Brookline Developm | ·                                     |  |
| Date 09/20/2021   | Full name of contributor out-of-state PAG  Doug Massey  Contributor address; City;  7127 Diamond Falls Ln, Spring                                      | State; Zip Code                              | Amount of contribution (\$)  50.00    |  |
| Principal occup   | ation / Job title (See Instructions)   | Employer (See Instruct                       | ions)                                 |  |
|   | ATTACH ADDITIONAL CODIES   |  |                                       |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

| If the reques  | sted information is not applicable, DO NOT i               | nclude this page in the                       | report.                               |  |
|--|--|---|---------------------------------------|--|
| The  | Instruction Guide explains how to complete th              | is form.                                      | 1 Total pages Schedule A1:            |  |
| 2 FILER NAME<br>Dustin Cre   | eager  |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | David Patton   | AC (ID#:)                                     | 7 Amount of contribution (\$)         |  |
| 09/28/2021   | 6 Contributor address; City; 9311 Broadhead Manor Ct., S   | State; Zip Code                               | 100.00                                |  |
| 8 Principal occu<br>Realtor  | pation / Job title (See Instructions)                      | 9 Employer (See Instruction Team              | ctions)                               |  |
| Date   | Full name of contributor out-of-state P/                   | AC (ID#:)                                     | Amount of contribution (\$)           |  |
| 09/29/2021   | Contributor address; City:                                 | State; Zip Code<br>g, TX 77379                | 250.00                                |  |
| Principal occup<br>Administrator   | eation / Job title (See Instructions)                      | Employer (See Instruc                         | itions)                               |  |
| Date 4.0/00/2004   | David Mills  | AC (ID#:)                                     | Amount of contribution (\$)           |  |
| 10/02/2021   | Contributor address; City; 22643 Cutter Mill Drive, Spring | State; Zip Code<br>3 TX 77389                 | 250.00                                |  |
| Principal occup<br>Business Ow   | nation / Job title (See Instructions)                      | Employer (See Instruction Souther Mills Custo | •                                     |  |
| Date   | Full name of contributor out-of-state P/                   | AC (ID#:)                                     | Amount of contribution (\$)           |  |
| 10/02/2021   | Contributor address; City;  10514 Flaxen Manor Court, Si   | State; Zlp Code                               | 100.00                                |  |
| Principal occup<br>Librarian   | pation / Job title (See Instructions)                      | Employer (See Instruc<br>Klein ISD            | tions)                                |  |
|  |  |   |                                       |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |                                       |  |

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

| if the requested information is not applicable, DO NOT include this page in the report.   |   |                                     |                                       |  |
|---|---|-------------------------------------|---------------------------------------|--|
| The   | Instruction Guide explains how to complete this   | 1 Total pages Schedule A1:          |                                       |  |
| 2 FILER NAME Dustin Cre   | eager   |                                     | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date  | Stravos Kikis   | C (ID#)                             | 7 Amount of contribution (\$)         |  |
| 10/11/2021  | 6 Contributor address; City;<br>20323 Evergreen Springs, Spri   | State; Zip Code                     | 25.00                                 |  |
| 8 Principal occu<br>Retired   | pation / Job title (See Instructions)   | 9 Employer (See Instruct<br>Retired | ions)                                 |  |
| Date  | Full name of contributor out-of-state PAI  Janet Manchee  | C (ID#:)                            | Amount of contribution (\$)           |  |
| 10/17/2021  | Contributor address; City; 3411 Candlebrook Dr., Spring   | State; Zip Code                     | 20.00                                 |  |
| Principal occup   | ation / Job title (See Instructions)  | Employer (See Instruct              | ions)                                 |  |
| Date 10/17/2021   | Full name of contributor out-of-state PAGE August Wunderlich  Contributor address; City; PO 968 Montgomery, | State; Zip Code TX 77356            | Amount of contribution (\$) 75.00     |  |
| Principal occup   | ation / Job title (See Instructions)  | Employer (See Instruct              | ions)                                 |  |
| Date  | Full name of contributor out-of-state PAG  Janet Manchee  | C (ID#:)                            | Amount of contribution (\$)           |  |
| 10/20/2021  | Contributor address; City; 3411 Candlebrook Dr., Spring   | State; Zip Code                     | 20.00                                 |  |
| Principal occup   | ation / Job title (See Instructions)  | Employer (See Instruct              | ions)                                 |  |
|   | ATTACU ADDITIONAL CODIES  | OE THIS SCUEDING A SAN              |                                       |  |
| 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.

|                              | ne Instruction Guide explains how to complete this form   | m.                    | 1 Total pages Sched                       | ule A2:  |
|------------------------------|---|-----------------------|---|--|
| 2 FILER NAME Dustin Creager  |   | 3 Filer ID (Ethics Co | mmission Filers)                          |  |
| 4 TOTAL O                    | F UNITEMIZED IN-KIND POLITICAL CONTRIE  | BUTIONS               | \$ 506.61                                 |  |
| 5 Date 09/20/2021            |   | Zip Code              | 8 Amount of<br>Contribution \$<br>506.61  | l signs  |
| 10 Principal occ<br>Fiancial | 19919 Broadhead Manor Dr. Spring TX 7 supation / Job title (FOR NON-JUDICIAL)(See Instructions) Advisor |                       | FOR NON-JUDICIA                           | AL)(See Instructions)                                  |
| 12 Contributor's             | principal occupation (FOR JUDICIAL)   | 13 Contribu           | itor's job title (FOR JU                  | DICIAL) (See Instructions)                             |
| 14 Contributor's             | employer/law firm (FOR JUDICIAL)  | 15 Law firm           | of contributor's spous                    | se (if any) (FOR JUDICIAL)                             |
| 16 If contributor            | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |                       |   |  |
| Date 10/21/2021              | Full name of contributor out-of-state PAC (ID#:   | Zip Code              | Amount of<br>Contribution \$<br>3,169.97  | In-kind contribution description Political Advertising |
| Principal occ                | PO BOX 341027, Austin, TX 78734  upation / Job title (FOR NON-JUDICIAL) (See Instructions)              |                       | Check if travel outsider (FOR NON-JUDICIA | de of Texas. Complete Schedule T.                      |
|                              |   |                       |   |  |
| Contributors                 | principal occupation (FOR JUDICIAL)   | Contribu              | tor's job title (FOR JUI                  | DICIAL) (See Instructions)                             |
| Contributor's                | employer/law firm (FOR JUDICIAL)  | Law firm              | of contributor's spous                    | se (if any) (FOR JUDICIAL)                             |
| If contributor               | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |                       |   |  |
|                              |   |                       | <u></u>                                   |  |
|                              |   |                       |   |  |
|                              |   |                       |   |  |
|                              |   |                       |   |  |
|                              |   |                       |   |  |
|                              | ATTACH ADDITIONAL COPIES OF TI  | HIS SCHEDU            | LE AS NEEDED                              |  |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/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 c                          | omplete this form.       |                                       |        |
|---|--|--------------------------|---------------------------------------|--------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>Dustin Creager                                   |                          | 3 Filer ID (Ethics Commission Filers) |        |
| 4 Date  | 5 Payee name   |                          |                                       |        |
| 10/11/2021  | Community Impact   |                          |                                       |        |
| 6 Amount (\$)   | 7 Payee address;   | City;                    | State; Zip Code                       |        |
| 655.00  | 3600 E Palm Valley Blvd, Round Roc                               | k, TX, 78665             |                                       |        |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description          |                                       |        |
| PURPOSE<br>OF<br>EXPENDITURE                          | Advertising Expense  | Ad in Commur             | nity Impact Newspaper                 |        |
|   | (C) Check if travel outside of Texas, Complete Schedule T.       | Check If Austle          | n, TX, officeholder living expense    |        |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought            | Office held                           |        |
| Date  | Payee name   |                          |                                       | $\neg$ |
| 10/15/2021  | Clockwise Consulting   |                          |                                       |        |
| Amount (\$)   | Payee address;   | City;                    | State; Zip Code                       |        |
| 323.97  | 1347 Lamonte Ln, Houston, TX 7701                                | 8                        |                                       |        |
|   | Category (See Categories listed at the top of this schedule)     | Description              |                                       |        |
| PURPOSE<br>OF   | Advertising Expense  | MMS Text Me              | ssaging                               |        |
| EXPENDITURE   |  |                          |                                       |        |
|   | Check if travel outside of Texas, Complete Schedule T,           | Check if Auslin          | n, TX, officeholder living expense    |        |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name                                    | Office sought            | Office held                           |        |
| Date  | Payee name   |                          |                                       |        |
| 09/09/2021  | Clockwise Consulting   |                          |                                       |        |
| Amount (\$)   | Payee address;   | City;                    | State; Zip Code                       |        |
| 500.00  | 1347 Lamonte Ln, Houston, TX 77018                               | 3                        |                                       |        |
| -   | Category (See Categories listed at the top of this schedule)     | Description              |                                       | 口      |
| PURPOSE<br>OF<br>EXPENDITURE                          | Consulting Expense   | Consulting, We<br>Design | ebsite Design and Logo                |        |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin          | n, TX, afficeholder 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   |  |                          |                                       |        |

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
GifVAwards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District
Other (enter a category not listed above)

|   | The Instruction Guide explains how to c                          | omplete this form.        |                            |                      |
|---|--|---------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 2                          | 2 FILER NAME<br>Dustin Creager                                   |                           | 3 Filer ID (Ethic          | s Commission Filers) |
| 4 Date  | 5 Payee name   |                           |                            |                      |
| 09/21/2021  | ID Screen Print  |                           |                            |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;                     | State;                     | Zip Code             |
| 2,356.18  | 14405 Walters Rd, STE 1014, Housto                               | on, TX 77014              |                            |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description           |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | Advertising Expense  | Political Signs           |                            |                      |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi            | n, TX, officeholder livin  | g expense            |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought             |                            | Office held          |
| Date  | Рауее пате   |                           |                            |                      |
| Amount (\$)   | Payee address;   | City;                     | State;                     | Zip Code             |
|   | Category (See Categories listed at the top of this schedule)     | Description               |                            |                      |
| PURPOSE   |  |                           |                            |                      |
| OF<br>EXPENDITURE                                     |  |                           |                            |                      |
| EXPENDITORE   |  |                           |                            |                      |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin           | n, TX. officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought Office held |                            |                      |
| Date  | Рауве пате   |                           |                            |                      |
|   |  |                           |                            |                      |
| Amount (\$)   | Payee address;   | City;                     | State;                     | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)     | Description               |                            |                      |
|   | 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 NEE           | 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
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 Gulde explains how to  | complete this form.                  | and (and a daugery for noted above)   |
|--|--|--------------------------------------|---------------------------------------|
| 1 Total pages Schedule G:  | <sup>2</sup> FILER NAME Dustin Creager                                       |                                      | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>10/23/2021   | 5 Payee name Dustin Creager for Klein ISD                                    |                                      |                                       |
| 6 Amount (\$)<br>847.04<br>Reimbursement from<br>political contributions<br>intended | 7 Payee address:<br>19923 Astilbe Ct, Spring TX 77379                        | City;                                | State; Zip Code                       |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description<br>Contribution made | e to help with sign expenses.         |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                   | Check if Austin,                     | , TX, officeholder living expense     |
| 9<br>Complete <u>ONLY</u> If direct<br>expenditure to benefit C/OH                   | Candidate / Officeholder name  | Office sought                        | Office held                           |
| Date   | Payee name   |                                      |                                       |
| Amount (\$)  | Payee address;   | City;                                | State; Zip Code                       |
| Reimbursement from<br>political contributions<br>intended                            |  |                                      |                                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Calegories listed at the top of this schedule)                 | Description                          |                                       |
|  | Check if travel outside of Texas. Complete Schedule T.                       | Check if Austin                      | , TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/C                                   | Candidate / Officeholder name  | Office sought                        | Office held                           |
| Date   | Payee name   |                                      |                                       |
| Amount (\$)  | Payee address;   | City;                                | State; Zip Code                       |
| Reimbursement from<br>political contributions<br>Intended                            |  |                                      |                                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)                 | Description                          |                                       |
|  | 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 S   | CHEDULE AS NEED                      | ED                                    |