CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OF		
The C/OH Instruction	Guide explains he	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	3 CANDIDATE / MS/MRS/MR FIRST MI TOFFICEHOLDER MS/MRS/MR FIRST TO TOTAL TO THE TOTAL			OFFICE USE ONL	.Y
NAME	AME NICKNAME LAST SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B		SITY; STATE; ZIP CODE	·	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	phone number G51-8061	EXTENSION	Date Hand-delivered or Date Post	marked
6 CAMPAIGN TREASURER	MS/MRS/MR MCS.	FIRST	n [™] .	Receipt # Amount \$ Date Processed	
NAME	NICKNAME	Gormle	SUFFIX	Date Imaged	
	expect annuese	(NO PO BOX PLEASE); APT / SUI		STATE; ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS		oheme Drive	Houston	TX 77024	
(Residence or Business)	•			*	
8 CAMPAIGN TREASURER PHONE	(113)	292 - 3907	EXTENSION		:
9 REPORT TYPE	January 15	30th day before elec	clion Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before electi	on Exceeded Modified Reporting Limit	Final Report (Attach C/OH - I	FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	3.	/ 28 / 23	THROUGH 4	26 / 23	
11 ELECTION	ELECTION D	ATE	ELECTION TYPE		
	Month Day	Year Primary	Runoif Other Description		***************************************
•	5/6	23 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known) SBISD Trust	ee, Position 1	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES MA	CEPTED OR POLITICAL EXPENDITURES MAD AY HAVE BEEN MADE WITHOUT THE CANDID INTO REPORT THIS INFORMATION ONLY IF THE	E BY POLITICAL COMMITTEES TO SU ATE'S OR OFFICEHOLDER'S KNOWLED	GE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
<u> </u>	SPECIFIC	COMMITTEE CAMPAIGN TREASL	JRER NAME		
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
		GO TO PA	AGE 2		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Courtney 17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 11,270 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 386.92 **TOTALS TOTAL POLITICAL EXPENDITURES** 18,861.27 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1,512.22 **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code Signature of Candidate of Officeholder Please complete either option below: JENNIFER LYNN MAYNARD My Notary ID # 133997512 Expires October 4, 2026 (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Courtney Anderson this the 38 day of April

20 3, to certify which, witness my hand and seal of office. 1 mayrand Jennifer Maynard Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration , and my date of birth is _____ My name is ___ My address is (street) (city) (state) (zip code) (country) Executed in _____ County, State of _____, on the _____ day of _ (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

L		
19	Courtney J. Anderson 20 Filer ID (Ethics C	commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,886
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 384
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS .	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,474.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
NEWSTRANS		
		1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
FILER NAME	Courtney J. Anderson	3 Filer ID (Ethics Commission Filers)		
Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
3/28/23	Michael Monk 6 Contributor address; City;	State; Zip Code	\$1,000	
	443 Flint Point Houston	7 77024		
Principal occi	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
3/29/23	Justice Tye Contributor address; City;	i	\$ 250	
	15 Stonegate Dr Houston	TX 77024		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date		D#:)	Amount of contribution (\$)	
3/28/23	Kristy Wall Contributor address; City;	State; Zip Code	\$150	
	2 Hacienda Lane Houston	TX 77024		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date	Full name of contributor	p#:	Amount of contribution (\$)	
3/28/23	AMy Moody Contributor address; City;	State; Zip Code	\$500	
	5 Derhan Parc Houston	TX 77024		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)	

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
FILER NAMI	Courtney J. Anderson	3 Filer ID (Ethics Commission Filers	
3/29/23	5 Full name of contributorout-of-state PAC (ID#:) AMY & KWIN Nossis 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	
3/27/23	6 Contributor address; City; State; Zip Code 11819 Cobblestine Or Houston TX 77024	\$250	
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/29/23	Sean Waggoner Contributor address? City; State; Zip Code 330 Folwell Lane Houston TX 77024	\$1,000	
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/29/23	Greg Pipkin Contributor address; City; State; Zip Code 11227 Smilldale hoad Houston TX 77024	\$1,000	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)	
Date	Full name of contributor	Amount of contribution (\$)	
3/29/23	Contributor address; City; State; ZIp Code 554 Lanecrest Ln. Houston TX 77024	\$1,000	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)	

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Courtney J. Anderson		3 Filer ID (Ethics Commission Filers
1 Date 4/3/2023	5 Full name of contributor out-of-state PA HOOVER Slovacek LLP 6 Contributor address; City; House Galleria Tower II 5057 West	fon State;1\XZip Code 770	7 Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAI Joseph Slovacek	C (ID#:)	Amount of contribution (\$)
4/3/23	Contributor address; City; P.O. Box 4547 Howton	State; Zip Code	\$1,000
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/11/23		State; Zlp Code	\$25
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
1/12/23	Contributor address; City;	State; Zip Code	\$ 250
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAMI	Courtney J. Anderson		3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC Abby Garret 6 Contributor address; City;	C (ID#:)	7 Amount of contribution (\$)
4/12/23	6 Contributor address; City; 13734 Apple Tree Rd. Houst	State; Zip Code	\$50
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor 🗆 out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/13/23	Contributor address; City;	State; Zip Code	\$ 25
	2931 hiata Houston	TX 97043	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
lludaa	Teanette Mucche Contributor address; City;	State; Zip Code	\$ 200
1/14/23	811 Hedwig Way Houston		48000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAG (1) Monica Muschalik	ID#:)	Amount of contribution (\$)
1/16/23	Contributor address; City; 11649 Blalack Forest Houston	1	\$100
rincipal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
FILER NAM	Courtney J. Anderson	3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor out-of-state PAC (ID#:) Claud Roundtiel	7 Amount of contribution (\$)	
4/18/23	6 Contributor address; City; State; Zip Code	\$500	
	3012 Teague Road Houston TX 77080		
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	etions)	
Date	Full name of contributor	Amount of contribution (\$)	
4/18/23	Carrye & Kyle Krouse Contributor address; City; State; Zip Code	\$500	
	10815 Everwood Lane Houston TX 77024		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor oul-of-state PAC (ID#:)	Amount of contribution (\$)	
4/19/23	John Rutledge Contributor address; City; State; Zip Code 11727 Flintwood Dr Houston TX 77024	\$50	
Principal occup	Pation / Job title (See Instructions) Employer (See Instructions)	ons)	
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)	
	Alan Greig	Amount of contribution (4)	
1/21/23	Contributor address; City; State; Zlp Code	\$100	
rincipal occup	9571 Panatella Dr. Houston TX 77055 ation / Job title (See Instructions) Employer (See Instructions)	ons)	

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Courtney J. Anderson	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
4/21/23	Kyle Sylvester 6 Contributor address; City; State; Z 407 Mignon Lane Houston 7x 7	10 24 \$50
Principal occi		r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
4/21/23	Melanie Saunders Contributor address; City; State; ZI 13623 Apple Tree Rd. Houston TX 7	7079 \$1,551
Principal occup		(See Instructions)
Date	Full name of contributor	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1/24/23	Tommy Connally Contributor address; City; State; Zip	Code \$50
Principal occup	10923 Britoak Ln. Houston X 7 ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount-of-contribution(\$)
124/23	Contributor address; City; State; Zip o	Code 1810
Principal occupa	10245 Kempwood Dr Houston TX 7 ation / Job title (See Instructions) Employer (7043 See Instructions)

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
Courtney J. Anderson			3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
4/24/23	Don Baughman 6 Contributor address; City; 14124 Cardinal Ln. Housto	State; Zip Code	\$25	
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	l tions)	
Date		; (ID#:)	Amount of contribution (\$)	
1/25/23	Contributor address; City;	State; Zip Code	\$250	
	5019 Tarnbrook Or, Housto	1 TX 77084		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	one)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)	

If the req	uested information is not applicable, DO NOT inclu	de this pag	e in the report.	
	The Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A2:	
2 FILER NAM	2 FILER NAME Courtney J. Anderson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	DF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ O	
5 Date 4/4/23	Marcu & Louis Croporto		8 Amount of Solution \$ In-kind contribution description \$41.45 Meet ? Greet Check if travel outside of Texas. Complete Schedule T	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/4/23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ In-kind contribution description #41.45 Meet & Greet	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		CFOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
If	ATTACH ADDITIONAL COPIES OF THI contributor is out-of-state PAC, please see Instruction			

SCHEDULE A2

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

If the requested information is not applicable, bo Not inch	nade this page in the report.
The Instruction Guide explains how to complete this fo	form. 1 Total pages Schedule A2: 5
2 FILER NAME COURTNEY J. Anderson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	RIBUTIONS \$ 0
5 Date 6 Full name of contributor out-of-state PAC (ID#: 4/4/23 7 Contributor address; City; State; 1734 Bayhurst Or, Hovston 1x 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	C 17024 Check if travel outside of Texas, Complete Schedule
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	Amount of Contribution \$1000000000000000000000000000000000000
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED on guide for additional reporting requirements.

If the requested informat	on is not applicable, DO NOT incl u	ıde this pag	e in the report.	
The Instruction G	uide explains how to complete this fo	rm.	1 Total pages Sched	lule A2: 5
2 FILER NAME Courtney J. Anderson			3 Filer ID (Ethics Commission Filers)	
	ED IN-KIND POLITICAL CONTR	IBUTIONS	\$ D	
	contributor out-of-state PAC (ID#:	T	8 Amount of Contribution \$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	9 In-kind contribution description Mech & Greek de of Texas. Complete Schedule T
12 Contributor's principal occupati	on (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUI	DICIAL) (See Instructions)
14 Contributor's employer/law firm	(FOR JUDICIAL)	15 Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm	of parent(s) (if any) (FOR JUDICIAL)	<u></u>		
4/4/23 Contributor ac	arie : Aaron Thielhor	Zip Code		In-kind contribution description Meet Greet of Texas, Complete Schedule T.
	FOR NON-JUDICIAL) (See Instructions)	•	(FOR NON-JUDICIAL	
Contributor's principal occupatio	n (FOR JUDICIAL)	Contribute	or's job title (FOR JUD	ICIAL) (See Instructions)
Contributor's employer/law firm	FOR JUDICIAL)	Law firm	of contributor's spouse	(if any) (FOR JUDICIAL)
If contributor is a child, law firm	of parent(s) (if any) (FOR JUDICIAL)			
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If the requested information is not applicable, bo Not life	uue uus pag	e in the report.			
The Instruction Guide explains how to complete this fo	1 Total pages Schedule A2: 5				
2 FILER NAME COURTNEY J. Anderson		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	\$ O				
5 Date 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
4/11/23 / Contributor address; City; State; 402 Kickerillo Ct, Houston TX	Zip Code	\$55	Meet ? Greet		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	T	1	ide of Texas. Complete Schedule T		
12 Contributor's principal occupation (FOR JUDICIAL)	tor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#: Path Jackson	Amount of Contribution \$	In-kind contribution description			
	4/11/23 RAHY Jackson Contributor address; City; State; Zip Code				
14523 River Forest Dr. Houston 7	(77024	Check if travel outsid	le of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIA	L)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's employer/law-firm (FOR-JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF THE STATE OF THE STATE OF THE STATE PAC, please see Instruction			equirements.		

SCHEDULE A2

If the requested information is not applicable, DO NOT include	e this page in the report.
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME COUMEY J. Anderson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	sutions \$ 0
	8 Amount of Solution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule 1 11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
to it contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of In-kind contribution description ip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF THIS	

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPI	ENDITURE CATE	GORIES	FOR BOX 8(a)				
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form.			head/Rental Expense pense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME CO	urthey J. A	.on	3 Filer ID (Ethics Commission Filers)				
4 Date 4/6/23	5 Payee name	ion						
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code		
\$7,731	900 W 47	in St, Ste	200	Kansas Cit	y Mo	64112		
8	(a) Category (See Categor	les listed at the top of this s	schedule)	(b) Description				
PURPOSE OF EXPENDITURE Advertising				Mailer				
	(c) Check if travel ou	itside of Texas, Complete Sc	hedule T.	Check if Austin,	in, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH				Office sought	Office held			
Date	Payee name							
4/11/23	CAZ Consu	itting						
Amount (\$)	Payee address;			City;	State;	Zip Code		
\$ 239.05	6255 Wille	rs Way		Houston	TX	77057		
	Category (See Categories	listed at the top of this sch	nedule)	Description				
PURPOSE OF EXPENDITURE	Consulting	Expense		Consulting Expense				
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 / Officehol	der name		Office sought	Office held			
Date	Payee name							
4/13/23	Texans for	Education	ial Fi	eedom				
Amount (\$)	Payee address;			City;	State;	Zip Code		
\$7,731	PO Box 34	11027		Austin	\nearrow	78734		
	Category (See Categories II	sted at the top of this sche	dule)	Description				
PURPOSE OF EXPENDITURE	Contribution			Donation				
	Check if travel outside	e of Texas. Complete Sched	fule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der 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.

		EXPEND	TURE CATE	GORIES	FOR BOX	8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Food/Beverage Expense Is Made By Gift/Awards/Memorials Exp			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F1	adule F1: 2 FILER NAME Courtney J. Anderson 3 Filer ID (Eth)					cs Commiss	ion Filers)				
4 Date 4/13/23	5 Payee na	CAZ	Consult	ina.	LLC						
6 Amount (\$)	7 Payee ac),	Cit	y;		State;	Zip Co	de	
\$90a	625	5 Willes	s Way		Ho	uston	7	χ	7705	7	
8	(a) Categor	y (See Categories liste	ed at the top of this	schedule)	(b) Descri	ption					
PURPOSE OF EXPENDITURE	Advertising			Signs							
	(c)	(c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name		Office s	ought			Office held	j	
Date	Payee nar	me									
4/21/23	Spri	nt 2 Prin	+								
Amount (\$)	Payee add	dress;			City	;	,	State;	Zip Cod	le	
\$1551	874	8 Clayh	d, Ste 3	300	Ho	ndeu	•	TX	770	80	
	Category	(See Categories listed	at the top of this sch	(elube	Descrip	tion					
PURPOSE OF EXPENDITURE	Advertising				Yard Signs						
	Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidat	e / Officeholder n	ame		Office so	ught		Office held			
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	Category (S	ee Categories listed at	the top of this sche	dule)	Descripti	on	***************************************				
PURPOSE OF EXPENDITURE	Feed	<u>, </u>			Sof	tware	e fee	2.5			
	Ch	Check if fravel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder n	ame		Office sou	ıght		(Office held		
	ATTA	CH ADDITIONA	L COPIES OF	THIS SC	HEDULEA	S NEEDE	:D				