

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4											
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR Mr</td> <td style="width:33%;">FIRST Kris</td> <td style="width:33%;">MI R</td> </tr> <tr> <td>NICKNAME</td> <td>LAST Drees</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr	FIRST Kris	MI R	NICKNAME	LAST Drees	SUFFIX	OFFICE USE ONLY Date Received 7/14/2026 BE 9:11 am Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged					
MS / MRS / MR Mr	FIRST Kris	MI R												
NICKNAME	LAST Drees	SUFFIX												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☒ Change of Address	<table style="width:100%;"> <tr> <td style="width:33%;">ADDRESS / PO BOX; [REDACTED]</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY; NRH TX</td> <td style="width:15%;">STATE;</td> <td style="width:22%;">ZIP CODE 76180</td> </tr> </table>		ADDRESS / PO BOX; [REDACTED]	APT / SUITE #;	CITY; NRH TX	STATE;	ZIP CODE 76180							
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td style="width:50%;">STREET ADDRESS (NO PO BOX PLEASE); 6200 Lakeway</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY; NRH</td> <td style="width:15%;">STATE; TX</td> <td style="width:15%;">ZIP CODE 76180</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE); 6200 Lakeway	APT / SUITE #;	CITY; NRH	STATE; TX	ZIP CODE 76180						
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:33%;">Month 01</td> <td style="width:33%;">Day 01</td> <td style="width:33%;">Year 2026</td> <td style="width:33%;">THROUGH</td> <td style="width:33%;">Month 06</td> <td style="width:33%;">Day 30</td> <td style="width:33%;">Year 2026</td> </tr> </table>				Month 01	Day 01	Year 2026	THROUGH	Month 06	Day 30	Year 2026			
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11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;">ELECTION DATE Month Day Year / /</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td rowspan="2"> ☐ Primary ☐ Runoff ☐ General ☐ Special </td> <td colspan="3" rowspan="2"> ☐ Other Description </td> </tr> </table>				ELECTION DATE Month Day Year / /	ELECTION TYPE			☐ Primary ☐ Runoff ☐ General ☐ Special	☐ Other Description				
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12 OFFICE	OFFICE HELD (if any) Birdville ISD Board of Trustees Place 7													
13 OFFICE SOUGHT (if known)														
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

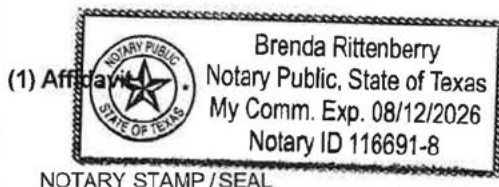
15 C/OH NAME <u>Kris Drees</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>Ø</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>91.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1670.00</u>

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]

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Kris Drees this the 14th day of July, 2024, to certify which, witness my hand and seal of office.

Brenda Rittenberry Brenda Rittenberry Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Kris Drees

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐	SCHEDULE E: LOANS	\$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	☒	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,000.00
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	\$

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F2: 1	2 FILER NAME Kris Drees	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 1,000.00
5 Date 6/27/22	6 Payee name Craig Dunby	
7 Amount (\$) 1,000.00	8 Payee address; City; State; Zip Code Arlington TX ☐ Check if individual's residence address.	
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description General Campaign Consulting
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.		
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED