#### FORM C/OH **CANDIDATE / OFFICEHOLDER** COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. OFFICE USE ONLY MS / MRS / MR CANDIDATE / **OFFICEHOLDER** Date Received NAME SUFFIX NICKNAME STATE: ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE Secretary **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION 5 CANDIDATE/ on **OFFICEHOLDER** PHONE Receipt # Amount \$ MI 6 CAMPAIGN Date Processed TREASURER NAME SUFFIX LAST NICKNAME Date Imaged man ZIP CODE STATE: STREET ADDRESS (NO PO BOX PLEASE): 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 15th day after campaign Runoff 30th day before election 9 REPORT TYPE treasurer appointment January 15 (Officeholder Only) Final Report (Attach C/OH - FR) **Exceeded Modified** 8th day before election July 15 Reporting Limit 10 PERIOD COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Runoff Day Month Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE Protect COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

111

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,456.00		
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$72,434.67		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	1 2		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
	Signature of Candidate or Officeholder			
	Please complete either option below:			
(1) Affidavit  NOTARY STAMP/SEA	KAREN R. GOREE  *i Notary Public, State of Texas  Notary ID #762364-5  My Commission Expires 12-30-2023			
Sworn to and subscribed	before me by Katheryn Massey this the	(8th day of Apri)		
106	which, witness my hand and seal of office.  King R Gones  Fring oath Printed name of officer administering oath	Notary Public Title of officer administering oath		
W. Walnes,	OR OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
My address is	(atana) (atana)	to) (zin codo) (countra)		
Executed in	(street)       (city)       (state)         County, State of, on the day of       (month)	te) (zip code) (country), 20 (year)		
	Signature of Candidat	te/Officeholder (Declarant)		

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23, 456,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 8,816.15
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	sh 14746
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

# SCHEDULE A1

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

	4	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME FATT MUSSLY	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor Out-of-state PAC (IDF:	7 Amount of contribution (\$)	
3/23/23 6 Contributor address: City: State: Zip Code 22(0 S. Baham Amanilo, TX 79109)	9 250°CK	
8 Principal occupation / Job little (See Instructions) 9 Employer (See Instruc	tions)	
Date Full name of contributor ☐ out-of-state PAC (ID4:)	Amount of contribution (\$)	
3/28/23 Sully Frausu City: State: Zip Code 24 Edgewater Amay W. TX 79102	1/100%	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)	
Date Full name of contributor  CANTR SUM INVADAY  Contributor address; City: State: Zip Code  1911 CNAH AMANIN, TX 19114	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date Full name of contributor   out-of-state*PAC (10#:)  CAN IN 4 DAW SMMW  Contributor address; City; State; Zip Code  3009 MM AMAN(10 TX 19109	Amount of contribution (S)	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tilons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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 form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massen	3 Filer ID. (Ethics Commission Filers)
4 Date 3/13/125	5 Full name of contributor   out-of-state PAC (ID#: )  DW & KANY DW dV  6 Contributor address; City: State: ZIp Code  WO VAN BU'LN AMANN, TX 79109	7 Amount of contribution (\$)
8 Principal occur	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
H20/23	Contributor address: City: State: Zip Code  WELGENATO AMANILU, TX 79106	\$ 5m ch!
Principal occup	mation / Job title See Instructions) Employer (See Instructions)  MSUM PHYCH	tions)
Date	Full name of contributor	Amount of contribution (\$)
ZUSNIS	Contributor address; City: State; Zip Code 会	Wille
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Date	Full name of contributor Quit-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/23	Contributor address: City; State; ZIp Code 3920 DONG Or. Amantlu, TX 79109	\$ 50 %
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	zions)

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#### SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Maisery	3 Filer ID (Elhics Commission Filers)
4 Date 3/12/12	5 Full name of contributor	7 Amount of contribution (S)  IT OE  CK
8 Principal occu	pation / Job title (See instructions)  9 Employer (See instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/12/23	Sandy UMW Contributor address; City: State: Zip Code 310 CottyWood Elin Chingon, TX, 79015	\$400 ch
		Harra
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	uoris)
Date	Full name of contributor	Amount of contribution (\$)
3/28/23	Contributor address; City: State: Zip Code  William 190 Valcour Aman Q, TX 1919	8 (000 ex
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ations)
Date	Full name of contributor	Amount of contribution (\$)
3/26/23	Contributor address; City; State; Zip Code  [8, 0, 1300 784] Amaulto, TX 79114	\$ 250 ac
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	allons)

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Fall Masser	3 Filer ID (Ethics Commission Filers)	
3 28 (23)  8 Principal occur	5 Full name of contributor	7 Amount of contribution (\$)  ILD CL  tions)	
	TUN TUND		
Date AIADIGO	Full name of contributor	Amount of contribution (\$)	
1/20/27	Contributor address: City: State: Zip Code 2509 Hughun Aman (LO, TX 79109	"hm - ck	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3(28/25)	Contributor address; City; State; Zip Code  AND 4110 PAYAMANT AMA, TX 79119	\$ 100 cm	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/28/23	TEX AV AMATION  Contributor address: City: State; Zip Code  3412 AMAY BUD AMAILU, TX 79/19	\$ 100 ck	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)	

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# SCHEDULE A1

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The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Fatt Masser	3 Filer ID (Ethics Commission Filers)
4 Date  7/25/25  8 Principal occu	5 Full name of contributor     out-of-state PAC (ID#:)  (MS)   WWW 6 Contributor address;   City:   State; Zip Code	7 Amount of contribution (S)  ## A W Venmo tions)
	VER NEW	
Date	Full name of contributor     out-of-state PAC (IDII:)	Amount of contribution (\$)
3/19/23	Savanah Singleton  Contributor address; City: State: Zip Code  3200 Harthane Aman([0, 7), 79109	\$ 100 venma
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
-	Bankins	
Date 3/19/14	Full name of contributor —	Amount of contribution (S)  A 250 contribution (S)
•	mon tawtrone traillottx 79109	venne
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (S)
	Fennier Knapp	
3/26/23	Contributor address; City; State; Zip Code	\$ 60 payral
3/26/23	Contributor address: City: State: Zip Code 2017-24-AMANIII, 72 1910	· · · · · · · · · · · · · · · · · · ·
Principal occu	Contributor address: City: State: Zip Code 2017-24 AMANIII, 72 1910	· · ·
Principal occu	Contributor address: City: State: Zip Code 2017-24-AMANIII, 72 1910	· · ·
Principal occu	Contributor address: City: State: Zip Code 2017-24-AMANIII, 72 1910	· · ·
Principal occu	Contributor address: City: State: Zip Code 2017-24-AMANIII, 72 1910	· · ·

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#### SCHEDULE A1

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The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Katt Massey	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
3/28/23	Carcy Redcy 6 Contributor address; City: State: Zip Code 2802 WOULD AMANILY, TX 79109	15000 parper	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/23/23	Stephanic Tabor  Contributor address: City: State: Zip Code  F303 FAMUN St AMNIN, 7X 79110	\$50 Sparper	
Principal occur	Suiton / Job title (See Instructions) Employer (See Instruc	dions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Contributor address; Clty; State; Zip Code		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massey	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/29/23	6 Contributor address; City: State; Zip Code	\$5000
	4000 S. Trans Amanllo, TX79109	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/29/23	Contributor address; City; State; Zip Code	\$ 2500
	2035 500g Aman10,7x 79109	
Principal occup	Pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/21/23	Contributor address; City; State; Zip Code 3524 Putson AM1610 Tx 79109	\$ 20000
Principal occup	ATTHUS  Employer (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/29/23	Contributor address; City; State; Zip Code	\$10000
	BOO Westell & Prust le Ama TX 79129	100
Principal occup	Dation / Job title (See Instructions)  Employer (See Instructions)  Suff	tions)
	U	

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Fatt Massey	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Danna & Billin Krausc	7 Amount of contribution (\$)
3/29/23	6 Contributor address; City; State; Zip Code 29 Edgewater Amanilo, TX 79104	\$ 50000
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/29/23	Contributor address; City; State; Zip Code	\$150000
	4.0.64 M21 AMAMINTA 19109	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/30/13	Contributor address; City; State; Zip Code	\$ 10000
	1 2013 Hayden Amanlu, 7x 79109 1	10
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
3/30/123	Contributor address; City; State; Zip Code  28 18 Up Stamp Amm 10 TX 79109	\$ 500 00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	tions)

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# 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 form.	1 Total pages Schedule A1:
2 FILER NAME	Fatt Massery	3 Filer ID (Ethics Commission Filers)
4 Date 3 3023	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  Suranusally  9 Employer (See Instructions)	ctions)
Date	Full name, of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/30/23	Contributor address; City; State; Zip Code 18 Edgewatch Amullo, 7x 79106	\$ 25000
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/30/23	Contributor address: City; State; Zip Code  P.O.BON 170 CUYENAM, TX 7924	\$ 25000
		actions)
Principal occu	upation / Job title (See Instructions)  Employer (See Instru	
Date 3/60/23	Full name of contributor  Pull full and  Contributor address;  State; Zip Code  FUN S. TAUM AMAN 7X 79101	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)  Employer (See Instructions)	uctions)

# SCHEDULE A1

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

ii tilo roquosi		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massey	3 Filer ID (Ethics Commission Filers)
4 Date 3(13)(23)	5 Full name of contributor   out-of-state PAC (ID#:)  WHE HUME  6 Contributor address; City; State; Zip Code  D D D THY AMNIN TX 79 F9	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	
Date 3(30)(23)	Full pame of contributor   out-of-state PAC (ID#:)  ### Contributor address; City; State; Zip Code    A SW 8th AMAN 7x 7910	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date 3/30/29	Full name of, contributor	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)  Employer (See Instru	actions)
Date 3/30/23	Full name of contributor  WWW DOUG  Contributor address;  2300 MMR AMMIN, TX 1919	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
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# SCHEDULE A1

stion is not applicable DO NOT include this page in the report.

If the reques	ted information is not applicable, bother morade and page	•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massey	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor   out-of-state PAC (ID#:)  2013   13   13   14   15   15   15   15   15   15   15		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor   out-of-state PAC (ID#:)  M/S, Ben BM Cknek	Amount of contribution (\$)
3130123	Contributor address; City: State; Zip Code  21 Edgward Aman(11, Tx 79100	\$ 600
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	etions)
Date	Full name of contributor	Amount of contribution (\$)
3(30(23	Contributor address; City; State; Zip Code  AND WMMIBU	\$ 10000
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3130/23	Samurtha Talled Contributor address; City; State; Zip Code	45000
Principal occ	upation Job title (See Instructions) Employer (See Instru	actions)
	for Manague	
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# SCHEDULE A1

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ii tile requesi	iga ilio/mation io not appropria	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massay	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:)  PATSIA WALFUR  6 Contributor address; City: State; Zip Code  5004 WILLIAM DUNY AMMILUTIA 79119	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/31/23	Contributor address; City: State; Zip Code  WWW by AMan(10,71, 1917)	\$ 25000
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date 36003	Full name of contributor   out-of-state PAC (ID#:)  HMWWW MMMM  Contributor address; City; State; Zip Code  This tupp AMMID TX 7012  Ipation / Job title (See Instructions)   Employer (See Instru	Amount of contribution (\$)
Principal occu	paudit / 002 u.u (	
Date 3 3	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)  Employer (See Instru	uctions)

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# SCHEDULE A1

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

	Vision to the second se		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Katt Massery	3 Filer ID (Ethics Commission Filers)	
4 Date  5 Full name of contributor out-of-state PAC (ID#:)  DANA WELF  6 Contributor address; City; State; Zip Code  19 Idawwater AWALLO, 7 x 79 LD		7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
412123	Contributor address; City: State; Zip Code	\$ 30000	
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	etions)	
Date 4 May 12h	Full name of contributor out-of-state PAC (ID#:)  CM SIM HIGHNS  Contributor address; City; State; Zip Code  Address	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date 4/4/23	Full name of contributor   out-of-state PAC (ID#:)  MANY FAC  Contributor address; City; State; Zip Code  3905 DANMAN AMANU TX 79109	Amount of contribution (\$)	
Principal occu	apation / Job title (See Instructions)  Employer (See Instructions)	ctions)	

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## 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 form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massay	3 Filer ID (Ethics Commission Filers)
4 Date 4 U 23	5 Full name of contributor	7 Amount of contribution (\$)
	3202 Mulam AmaiTx 79109	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
416/23	Fay by Jamagaa  Contributor address; City: State; Zip Code  3111 TMMS AMANUM TX 79109	\$10000
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
411/23	Contributor address; City; State: Zip Code	\$ 25000
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
4110123	Contributor address; City; State; Zip Code  (1 WWWWDN day Ama, T); 19/04	420000
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)

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## SCHEDULE A1

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

		8		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Katt Massen	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)		
412123	6 Contributor address; City; State; Zip Code	410000		
	3223 Juniper Amanilo, TX 79109			
8 Principal occu	ipation / Job title (See Instructions)  9 Employer (See Instructions)	tions)		
	Kotived			
Date	Full name of contributor	Amount of contribution (\$)		
VILLALIA	Nita & Wales Madden			
4114125	Contributor address; City; State; Zip Code	\$10000		
	8 woodstone Amanilo Tx 79104	100		
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	tions)		
	PetroEd			
Date	Full name of contributor	Amount of contribution (\$)		
41/2/23	Contributor address; City: State; Zip Code	\$50000		
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
	Petyal			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/2/23	Contributor address; City; State; Zip Code  P. O. B. W.   AMAN D. TX 79161	\$ 100000		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	Banking			

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#### 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 form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massey	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/12/23	Prinary Ware  6 Contributor address; City: State; Zip Code  P. O. Part   Amanho, 7x 79101	\$ 10000
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4112/23	Contributor address; City; State; Zip Code  P. O. B. V. AMAN (1) TX 79101	4 100000
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4112423	NAMM & FMM & Rill Contributor address; City: State; Zip Code	\$100000
	4026 CAPE Herde Amanho, TX 1919	) '
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4112123	Contributor address; City; State; Zip Code	\$ 20000
	2610 Upscamb Amanilo, TX 79109	ntiana)
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	autio)
	V	

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# 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 form.	1 Total pages Schedule A1:		
2	FILER NAME	Katt Massey	3 Filer ID (Ethics Commission Filers)		
4 Date  5 Full name of contributor   out-of-state PAC (ID#:)  Think of Contributor address; City: State; Zip Code  [990] (AMMH AMMILL) 7X 79102		Thomas Finery	Amount of contribution (\$)		
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
	Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)		
-	113/23	Contributor address; City; State; Zip Code  LHIN PAVEU AMAMUETX 79109	\$50000		
	Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)		
	Date	Contributor address; City; State; Zip Code  Dation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)		
4	Date	Full name of contributor   out-of-state PAC (ID#:)  Contributor address; City: State; Zip Code  231 DAW #3 AM WW 7X 79108  Pation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)		

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

Revised 11/15/2022

## 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 form.	1 Total pages Schedule A1:
2 FILER NAME	Katt Massen	3 Filer ID (Ethics Commission Filers)
4 Date #	5 Full name of contributor out-of-state PAC (ID#:)  6 Contributor address; City: State: Zip Code  7 WWWWWW AMW 7x 1914  Department of Job title (See Instructions)  9 Employer (See Instructions)	7 Amount of contribution (\$)
C Thiopai oou	DP.	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/14/23	MANY JACOBS  Contributor address; City; State; Zip Code  Address Mavail Hole	\$ 3001 00
Principal occup	Pation ( Job title (See Instructions)  Employer (See Instructions)	tions)
Date 4 (15/23)	Full name of contributor   out-of-state PAC (ID#:)  CANALU WALKER  Contributor address; City; State; Zip Code  \[ \text{VBL RNX St. OVENAND Park, KS WUC} \]	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 4115123	Full name of contributor   out-of-state PAC (ID#:)  MNOWY OWAW  Contributor address; City; State; Zip Code  (110 WSCANY AMAN U, 7), 79119	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	ctions)

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

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# 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 form.	1 Total pages Schedule A1:	
2 FILER NAME	Fatt Massay	3 Filer ID (Ethics Commission Filers)	
4 Date 4115123	5 Full name of contributor   out-of-state PAC (ID#:)  PUMP PUMP PUMP A  6 Contributor address; City; State; Zip Code  4209 SI PANY AWAM, TX 19109	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	cions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
4117123	Contributor address; City; State; Zip Code	\$ 50000	
	1015 SW 33171 Amanto, TX 79119		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)	
4/18/23	Sam Mamaduku  Contributor address: City: State: Zip Code  2408 Hughy Amanho Ti 79109	\$20000	
Principal occu	pation / Job title (See Instructions)  Employer (See Instruc	ctions)	
Pate	Full name of contributor   out-of-state PAC (ID#:)  BEN WHITE WAY  Contributor address; City; State; Zip Code  2912 PAYKR AMANU 71 19199	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)	

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# 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 form.	1 Total pages Schedule A1:
2 FILER NAME	Fatt Massay	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4124123	Fayman Vanaldson  6 Contributor address; City; State; Zip Code  3601 6100d follow than [1,7x 7912]	\$ 10000
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4124(23	TO WARD  Contributor address; City; State; Zip Code  2014 WHS AMANTO TX 79109	\$ 100000
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/24/23	Contributor address; City; State; Zip Code	138000
	721 Versalles Amanly 7x 79121	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor put-of-state PAC (ID#:)	Amount of contribution (\$)
4125123	Contributor address; City; State; Zip Code	\$ 20000
	1603 S. Washinston Ama, 7x 79102	
Principal occu	pation / Job title (See/Instructions)  Employer (See Instructions)	etions)

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

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME Kath Massey	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$ 8,9 6,15		
5 Date 6 Full name of contributor out-of-state PAC (ID#	8 Amount of Sontribution Sold Sold Sold Sold Sold Sold Sold Sold		
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)			
Date   Full name of contributor   out-of-state PAC (ID#:			
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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:			
2 FILER NAM	Fatt Massey		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	\$	
5 Date 424123	6 Full name of contributor out-of-state PAC (ID#	nctos Zip Code	Contribution \$	I p In-kind contribution description  Adjusted Signal Sign	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsider (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	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 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

		EXPE	NDITURE CAT	EGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expens Fees Food/Beveral Gift/Awards/M Legal Service	ge Expense Memorials Expense	Office Ove Polling Ex Printing Ex		Travel In Distr Travel Out Of	Equipmer rict District	Expense nt & Related Expense out listed above)	
Credit Card Payment  The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1:	2 FILER N	AME K	atet Mas	sen		3 Filer ID	(Ethics Co	ommission Filers)	
4 Date 4126123	5 Payee na	ame VDA	l	J		•			
6 Amount (\$)	7 Payee address;				City; State; Zip Code				
8	(a) Categor	y (See Categori	ies listed at the top of th	nis schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees				For online payments				
	(c)	Check if travel ou	utside of Texas. Complete	Schedule T.	Check if Austi	in, TX, afficeholde	r living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/Ol		late / Officeh	older name		Office sought		Off	ice held	
Date	Payee na	ime							
41210/23	SK	PCV	eative	,					
Amount (\$)	Payee ac	dress;			City;	Stat	е;	Zip Code	
32,310.00	3018	POIK	Suite	505	Amaullo	TX	79	107	
	Category	(See Categorie	s listed at the top of this	s schedule)	Description	*			
PURPOSE OF EXPENDITURE	Adre	Man	ζ		T.V., Printi	19,			
		Check if travel ou	tside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholde	r living exp	ense	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeho	older name		Office sought		Offi	ice held	
Date	Payee na								
4/22	Am	anllo	Natio	nal k	Bank				
Amount (\$)	Payee ad	idress;			City;	State	э;	Zip Code	
48,00	P.O.	pwy	1 An	ranle	W.TX 79	10)			
	Category	(See Categorie	s listed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE	Ba	INKIN	5/FGes						
		Check if travel ou	tside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder	living expe	ense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeh	older name		Office sought		Off	fice held	
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

# SCHEDULE K

The	dule K:					
2 FILER NAME 3 Filer ID (Ethic			s Commission Filers)			
4 Date	1129 11 111 2011 111 1111111111111111111	te; Zip Code  9119  political contribution	8 Amount (\$)			
Date 4/23/23	Name of person from whom amount is received  Stephanic James  Address of person from whom amount is received; City: St.  3213 S. AUSTIN AMANILUTY		Amount (\$)			
	Purpose for which amount is received  CHSIN WEALVU	political contribution	returned to filer			
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	ate; Zip Code	Amount (\$)			
Purpose for which amount is received						
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Si	tate; Zip Code	Amount (\$)			
	Purpose for which amount is received	f political contribution	returned to filer			
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# Coggins, Stephanie From: Katt 4Amarillo <katt4amarillo@gmail.com> Sent: Friday, April 28, 2023 4:55 PM To: Coggins, Stephanie Subject: Katt Massey Financial Report

Attention: This email was sent from someone outside of City of Amarillo. Always use caution when opening attachments or clicking links from unknown senders or when receiving unexpected emails.

Hello Stephanie,

Please find my 8 day campaign finance report attached.

I appreciate you!



Receipt 2023-04-28 165104.pdf

Katt

For the Love of AMA



Katt