CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed: 16	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST KAHT NICKNAME MASS	SUFFIX	Date Received RECEIVED RECEIVED RECEIVED
4 ORIGINAL REPORT TYPE	July 15 Exc lim	pooff Final report Greeded modified reporting It Other (specify) It of the day after treasurer Continuent (officeholder only)	Date Hamildeli City State Postmarker Co. Receipt # Amounts State Processed
5 ORIGINAL PERIOD COVERED	01 01 200	HROUGH 03 27 1013	Date Imaged
6 EXPLANATION OF CO	DRRECTION and expede	liver land little were	and day is a ma
Removing	donations, that w	here beyond the rep	ort day of of 2.
these dona	tions will be added	u to the next reporting	ng wyde.
7 SIGNATURE I SWE	ear, or affirm, under penalty of	perjury, that this corrected report	is true and correct.
Che	ck ONLY if applicable:		
	reports: I swear, or affirm, that o misrepre-sent the information	the original report was made in good contained in the report.	faith and without an intent to
date I learn	ts: I swear, or affirm, that I am fi ed that the report as originally file the report as originally filed was	ling this corrected report not later that ed is maccurate or incomplete. I sweat made in good/taith. Signature of Candida	ar, or affirm, that any error or
	Please c	omplete either option below:	
(1) Affidavit		#2 500 m	
72	d before me by Kathey	O	11th day of April.
Stephane	y which, witness my hand and seal of or	ante Coggins	City Secretary
Signature of officer adminis	tering oath Printed nam	e of officer administering path	Title of officer administering bath
		OR	
(2) Unsworn Declarate	tion		
My name is		, and my date of birth is _	
	(street)	(city) (sta	ate) (zip code) (country)
Executed in	County, State of	, on the day of(month)	20 (year)
		(#000000000000	2000-2000 C
		Signature of Candida	te/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

07 tim 7 ti 0.	
The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR HRST MASSEY NICKNAME LAST MI OFFICE USE ONLY Date Red MECEIVED APR 0 6 2023
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3216 8. AUSTIN AMANILOTX 19109 CITY SECRETARY'S CITY OF AMARILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # Amount \$ MI Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5205 Beggt AMANII U, Flyas 79176
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (800) 119-2382
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 3/2ay 23 Year 01 /01 /2023 THROUGH 63 /28 /23
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description Special Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	KAH Massen 16 Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 28,478 CONTRIBUTIONS MADE ELECTRONICALLY)	\$797135.00
	2. TOTAL POLITICAL CONTRIBUTIONS 28,479 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39 433.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES 13926,9	5 = 13985.64
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,551,05
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$20,36
COST CONTRACTOR MANAGEMENT OF	swear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
re	equired to be reported by me under Title 15, Election Code.	07
Note No	Donna Sue Savage tary Public, State Of Texas otary ID #133331152 ommas on Expres 09 14-7075	MUSCUS e or Officeholder
	Please complete either option below:	
(1) Affidavit	Please complete either option below:	
* The American Control Control		
(1) Affidavit NOTARY STAMP/SEA		<i>b</i> 0
NOTARY STAMP/SEA	AL d before me by Kath Massey this the 6	day of <u>Anrl</u> .
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify	AL d before me by hat Massey this the left fy which, witness my hand and seal of offices	Admi IV
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify	d before me by hard and seal of offices fy which, witness my hard and seal of offices tering oath Printed name of officer administering oath	day of, Title of officer administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify	d before me by hat massey this the five which, witness my hand and seal of office tering oath Printed name of officer administering oath	Admi IV
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify Wanna Sav Signature of officer administer (2) Unsworn Declaration	d before me by hard and seal of officer shring oath Printed name of officer administering oath OR	Title of officer administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify Signature of officer administer (2) Unsworn Declaration My name is	d before me by hart massey this the figure which, witness my hand and seal of office tering oath OR The printed name of officer administering oath OR	Title of officer administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify Signature of officer administer (2) Unsworn Declaration My name is	d before me by hard and seal of officer shring oath Printed name of officer administering oath OR	Title of officer administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20 23 , to certify Signature of officer administer (2) Unsworn Declaration My name is	d before me by North Massey this the fy which, witness my hand and seal of office tering oath Printed name of officer administering oath OR (street) (city) (state)	Title of officer administering oath

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	29,478	\$ 38 493.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	hun	s 12000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	13926,91	_ s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI		s 13923 14
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 FUN	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	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gitt/Awards/Memorials Expense Printing Expense

Repayment/Reimbursement
Overhead/Rental Expense
G Expens

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of Distr Other (enter a cate	ict gory not listed above)
Credit Card Payment		The Instruction Guide explain	s how to complete this form	*	
1 Total pages Schedule F1:	2 FILER N	THE Massey	25	3 Filer ID (Ethi	cs Commission Filers)
4 Date 3/28/23	5 Payee na	n Pal			
6 Amount (\$) 14.0	7 Payee ac	ddress;	City;	State;	Zip Code
117 (10)	W	+			
8	(a) Categor	y (See Categories listed at the top of this s	(b) Description	_	
PURPOSE OF EXPENDITURE	FE	265	Fees	trom pation p	latform
	(c)	Check if travel outside of Texas. Complete Sc	hedule T. Check if	Austin, TX, officeholder living	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name	Office sough	nt	Office held
Date	Payee na	ime			
3(14/23	Joh	annson & A	Ssoyatus		
Amount (\$)	Payee ac	ldress;	City;	State;	Zip Code
10,109.33	301	8. polk# 540	Ama, T	OWNER X	79101
	Category	(See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Adve	Hising market	14		
		Check if travel outside of Texas. Complete Sci	nedule T. Check if	Austin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	Office sough	t	Office held
Date	Payee na	ame	4		
3/1/23	Jor	rannsowed t	ssouats		
Amount (\$)	Payee ad	ldress;	City:	State;	Zip Code
1,187.47	301 8	c. polk #540	Ama T	179101	
	Category	(See Categories listed at the top of this sci	nedule) Description		
PURPOSE OF EXPENDITURE	Man	ating laducati	NY		
		Check if travel outside of Texas. Complete Sch	edule T. Check if	Austin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sough	nt	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 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)

Credit Card Payment	dit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME KATT MASSEN	3 Filer ID (Ethics	Commission Filers)	
4 Date 110/23	5 Payee name Johannson &	ASSOLIATES		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code	
25/6.07	30/8-poll x	manleitx 7910	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Marketing (Advertisis			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City; State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	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	
Date	Payee name			
Dato				
Amount (\$)	Payee address;	City; State;	Zip Code	
PURPOSE OF 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/Ol	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

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. 2 FILER NAME 4 Date 5 Full name of contributor out-of-state PAC (ID#:) The Max Mayor	1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers)
Fatt Masser	
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	TABLE TO AND THE COURSE OF THE PROPERTY OF THE
3/24/23 6 Contributor address; City: State: Zip Code 29/17 Parker Aman(10,71/79/109)	Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code	tions)
feater AGON.	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
307 SUSAW VOULES Contributor address; City: State; Zip Code	\$ 200 av payou
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1 01
Date Full name of contributor out-of-state PAC (ID#:) AMM S NO AND	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) City; State; Zip Code AMANIII, TX 79109 Employer (See Instru	Kasn

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.

200 S. Baman Amanua TX 79109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
4 Date 5 Full name of contributor out-of-state PAC (ID#: January Janua	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
BCCHY BURNA State: Zip Code State: Zip C	2 FILER NAME FATT MASSEY	3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	3/25/23 6 Contributor address; City; State: Zip Code	
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Can I way Daw Small Tx 19109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		
Date Full name of contributor	3/29/29 CANOLS SUM UNLADY Contributor address; City: State; Zip Code	Amount of contribution (5)
Contributor address; City; State; Zip Code 3009 MA AMANIO TX 19109 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instru	SSS (1992)
Principal decapation / 500 and (550 met)	202122 Caroline & Dale Smith	Amount of contribution (\$)
	Principal occupation / SSS and (SSS interprincipal	uctions)

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 Massey	3 Filer ID (Ethics Commission Filers)
4 Date 3/26/23	5 Full name of contributor out-of-state PAC (ID#:) DUN A KATNY DUN DUN DUN 6 Contributor address; City: State; Zip Code 250 VAN BUYEN AMANIN, TX 79109	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 428/23	Full name of contributor out-of-state PAC (ID#:) VAMM & Kraw & Contributor address; City; State; Zip Code WEdge Water Aman 110, Tx 79106	Amount of contribution (\$) Rev
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date Principal occur	Full name of contributor out-of-state PAC (ID#:) EMAN MADLY Contributor address; City; State; Zip Code Solventrom Aman Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Solventrom Description Employer (See Instructions)	Amount of contribution (\$)
later of		
3/25/23	Full name of contributor out-of-state PAC (ID#:) Hank & Denty Blanchard Contributor address: City: State; Zip Code 3929 DMS Or Amanto, Tx 79109	Amount of contribution (\$)
Principal occu	Pation / Job title (See Instructions) Employer (See Instructions)	ctions) (

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Massery	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) HELEN DEMON 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	2910 taxtam Amanu TX 79109 upation / Job title (See Instructions) Pathor Pa	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	\$40000 xer
	pation (Job title (See Instructions) Employer (See Instructions)	tions
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	uona)
Date	Full name of contributor	Amount of contribution (\$)
3/28/23	Contributor address; City; State: Zip Code	8 m Dem
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	Olfgar	L
Date	Full name of contributor	Amount of contribution (\$)
3/26/23	Contributor address; City; State; Zip Code	# 25000
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	AUTION (
	101110	

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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 FAH MUSSEY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 3 7 8 7 8 Contributor address; City; State; Zip Code 3 4 2 A Way B W AWAN 7 7 9 1 9 8 Principal occupation / Job title (See-Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) **The Contribution (\$)
KANNA KIVA	
Date Full name of contributor out-of-state PAC (ID#:) 120 23 Contributor address: City: State; Zip Code 2009 Huguy Amaullo, 7x 79109	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) AND Contributor address; City: State; Zip Code AND ULLO DAY MARK AND TX 79119	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Text Alv Anatian Contributor address; City; State; Zip Code 3412 ANWay Bud Amaulio Tx 79119	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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. 2 FILER NAME 4 Date 5 Full name of contributor City: State: Zip Code 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code 3 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code 3 Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			
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Date Full name of contributor — out-of-state PAC (ID#:			12 0000
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Contributor address; City; State; Zip Code Wenne Principal occupation / Job title (See Instructions) Date Full name of contributor Full Number Contributor address; City; State; Zip Code Total Amount of contribution (\$) The Contributor address; City; State; Zip Code Total Amount of contribution (\$) The Contributor address; City; State; Zip Code Total Amount of contribution (\$)	Date	Full name of contributor — out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) FUND WARP Contributor address; City; State; Zip Code TITCHA AMANU, 77 79100 Paggal	3/19/23	Contributor address; City; State; Zip Code	\$ 2500 PM
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) THING KNAPP Contributor address; City; State; Zip Code TITECHA AMANII, TX 79100 Paggal	,	3207 tawthorne Amanlo, TX 79109	Kenme
3/26/23 Contributor address; City; State; Zip Code & Spagnal Pagnal	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
3/26/23 Contributor address; City; State; Zip Code & Spagnal Pagnal	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	3/28/23	Contributor address; City; State; Zip Code	1 roxo Ro
Principal occupation / Job title (See Instructions) Employer (See Instructions)		270/ Techa Amanllo, TX 79100	De pappal
	Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
l l			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

		8
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(28)23	5 Full name of contributor out-of-state PAC (ID#:) CAYEY RECEY 6 Contributor address; City; State; Zip Code 2802 WWH AWAN TX 79109	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 3/23/23	Full name of contributor out-of-state PAC (ID#:) Stophand Tabut Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	etions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2:
2 FILER NAM	E Katt Massey		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1200.00
5 Date 2/10/2-3	Full name of contributor out-of-state PAC (ID#:	MA)Zip Code	8 Amount of 9 In-kind contribution description Advertising Marketing Check if travel outside of Texas. Complete schedule 2
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	for'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 3 23 Principal occur M.A.	Full name of contributor out-of-state PAC (ID#:	Zip Code Employe	Amount of Contribution \$\text{In-kind contribution description 1}\$ WAVELING WAVELING Check if travel outside of Texas. Complete Schedule T. In (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal decupation (FOR JUDICIAL)	Contribu	tor'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)		
	•		
fi	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see instruction		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

TI	he instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM	Fatt Massus		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 1200.0	D
5 Date 3143	Full name of contributor out-of-state PAC (ID#:	zip Code	Contribution \$	9 In-kind contribution description MAYATAG de of Texas. Complete Schedule T.
Marci	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUI	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	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	Check if travel outsid	e of Texas. Complete Schedule T. L)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUI	DICIAL)(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.				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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 3 24 25	5 Full name of contributor out-of-state PAC (ID#	0 - 0 02
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date 9/2/123		Amount of contribution (\$) Amount of contribution (\$) Zip Code
Principal occup	Stoll Futures Amanla, To cation / Job title (See Instructions) Employed Amanla (See Instructions)	yer (See Instructions)
3/11/23	Eull name of contributor out-of-state PAC (ID#	Zip Code
Principal occup	· · · · · · · · · · · · · · · · · · ·	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# Contributor address, City, State,	
Principal occup	pation / Job title (See Instructions) Emplo	yer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CFR as originally filed on April 6, 2023

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

				The second secon	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission File	rs) 2 Total pages fil	ed: 43
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MVG	Katt Mass	sen MI		USEONLY
NAME	NICKNAME	LAST	SUFFIX	Date Require	EIVED
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STATE; ZIP CODE	- APR	06 2023
MAILING ADDRESS	32/48.	Austin Aman	119TX 79109	NW 00/04/10/10/10/20	ECRETARY'S FAMARILLO
Change of Address				_	
5 CANDIDATE/ OFFICEHOLDER PHONE	(BOW) (4	74. USIT	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR W/C. W	NAH MOMAN	MI	Receipt #	Amount \$
NAME		LAST		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	TODATE	man + And	Mary 10 TOODAS -	JAIM	
(Residence or Business)	1) LUV	VICTOR THE	Ianllo, Fefas -	17100	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER	AND GODE		EXTENDION		
PHONE	(806)	178-2382			
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day af treasurer ag (Officeholder	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Mon	th Day Year	
COVERED	01	01 /2023	THROUGH 03	/28 /23	
11 ELECTION	ELECTION DA	TE	ELECTION T	YPE	
	Month Day	Year Primary	Runoff Other Description	on	
	05/06/	123 General	Special		
40	The service page of the se	25	42		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If kr	nown)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURE IS MAY HAVE BEEN MADE WITHOUT THE RED TO REPORT THIS INFORMATION ONLY	CANDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$78,493.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	S	\$ 120000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 13923.64	
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 CONTRIL TO FILER	BUTIONS RETURNED	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Kalt M	assen		16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGE		L CONTRIBUTIONS (O ANTEES OF LOANS, OR TRONICALLY)		\$78,483.00
	17000 ACCORDANCE AND	POLITICAL CONTRII THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES	OF LOANS)	\$38, 433.00
EXPENDITURE TOTALS	3. TOTAL U	NITEMIZED POLITICA	L EXPENDITURE.		\$
	4. TOTAL F	POLITICAL EXPEND	ITURES		\$ 13923.64
CONTRIBUTION BALANCE		OLITICAL CONTRIBUT DRTING PERIOD	TONS MAINTAINED AS	OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF	F ALL OUTSTANDING LO G PERIOD	OANS AS OF THE	\$24,549.36
l .		or penalty of perjury, to by me under Title 15, E		report is true and o	orrect and includes all information
Note No	Donna Sue Savage Notary Public, State of Texas Notary ID #133331152 My Commission Expires 09-14-2025 Please complete either option below:				
(1) Affidavit					
NOTARY STAMP/SEA	L	Ír -		. 4	. 0
0	which, witness my ha	Donna	Le Devece cer administering oath	this the	day of Upril, Title of officer administering oath
(2) Heaven Parland	OR OR				
(2) Unsworn Declarati	on				
BENNE WOOM REV			, and my dat	e of birth is	
My address is	(stree		(city)	,, (state)	(zip code) (country)
	USITE	71.7	(CITV)	(Sidie)	tzni Gouer (Collitiivi
Executed in	- TO	(62)		100	, 20 (year)

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 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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MOSSELY	>.	3 Filer ID (Ethics Commission Filers)
4 Date 3 28 23	5 Payee name Pal		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
(02.170	NA		
8	(a) Category (See Categories listed at the top of	(b) Description	
PURPOSE OF	FERS	Feest	rom idation
EXPENDITURE		Dorin	(LON PLUMOIT)
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Austi	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		
3(14/23	Johannson q	Associates	
Amount (\$)	Payee address;	City;	State; Zip Code
10,109.33	3018- POIK# 50	10 Ama, TX	79100 19101
	Category (See Categories listed at the top of the	his schedule) Description	
PURPOSE	Advantage lossel	ab 1	
OF EXPENDITURE	Tavanising I mark	TIN	
	Check if travel outside of Texas. Comple	ete 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	Payee name		
311123	Johannsons	tsso uates	
Amount (\$)	Payee address;	City;	State; Zip Code
	301 8. Polk #540	Ama TA	79101
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Marketing Ladyw	his schedule) Description	
	Check if travel outside of Texas. Complete	te Schedule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIL	ES OF THIS SCHEDULE AS NEE	DED

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 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

Candidate/Officeholder/Politica	Committee Legal Services Salaries/	Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME KATT MASSEY	3 Filer ID (Ethics Commission Filers)		
4 Date 110/23	5 Payee name Johannson of	ASSOLIATES		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
	30/8-polle A	manleitx 79101		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Marketing (Adverting			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
	1			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE		No. 10		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		

SCHEDULE A1

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

ii aio roquoo		*
The	Instruction Guide explains how to complete this form.	1 Jotal 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#:) JONN MAMAGUE 6 Contributor address; City; State; Zip Code 320 Upstemb AMAN TX79109	7 Amount of contribution (\$)
8 Principal occu	Petred 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1/25/23	Martha Tamagin Contributor address; City: State: Zip Code 3227 Traus Amarillo Tx 79109	8250 check
Di- 1-1		tions)
Principal occup	Petred Employer (See Instructions) Employer (See Instructions)	
Date 1400 1400 1125123	Full name of contributor out-of-state PAC (ID#:) PODIN GILLIAN d Contributor address; City; State; Zip Code 2407 WUHIN #146 AMANIA, TX 79109	\$1000.00 chear
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 45(13)	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
M	wrainz.	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

SCHEDULE A1

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

		Ε.
The Instruction Guide explains	s how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Katt Mass	,ev	3 Filer ID (Ethics Commission Filers)
6 Contributor address;	Out-of-state PAC (ID#:) 18102 City; State; Zip Code FUR AMANILO, TX 79170	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instruction)		ctions)
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
19123 Contributor address;	OANS City; State; Zip Code AMANIU TX 79100	\$200.00 payons
Principal occupation / Job title (See Instruction)	tions) Employer (See Instruc	ctions)
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
211123 Shaww Contributor address; 2405 S. Hu	MOMISON City: State; Zip Code 9W8 AMANTO 7279109	8 000 .00 check
Principal occupation / Job title (See Instruc	tions) Employer (See Instruc	ctions)
10 a scotty	City; State; Zip Code W AMMIN. TX 79102	Amount of contribution (\$)
Principal occupation / Job title (See Instruction)	tions) Employer (See Instruc	tions)

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SCHEDULE A1

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

19		
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	7 Amount of contribution (\$)
411/23	Poh Attman 6 Contributor address: City; State; Zip Code 3704 Farwell Amanilo Tx 79109	850.00 cheek
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2111/23	Contributor address; City; State; Zip Code	500 check
	411 Sage Headow Aman 110, TX79124	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
211/23	F.G. U.M. Contributor address; City; State; Zip Code	1 Los Mick
	10 Edgewater Amanilo, 1x 19106	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	etions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
411123	Contributor address; City; State; Zip Code	\$ 250 cheek
	1 to Holum Pand Amanth Tx 79129	V
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

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

If the requested information is not applicable, be 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#:	7 Amount of contribution (\$)		
Date Full name of contributor GOND WEMAN Contributor address; City; State; Zip Code WOOD Dreyfust Amanua, TX 79104 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) Amount of contribution (\$) Check Stions)		
Date Full name of contributor WIST Stable PAC (ID#:) KIST Stable State PAC (ID#:) Contributor address; City; State; Zip Code 41 8. Fill Mac Aman 1x 7910 Principal occupation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$) \$\(\text{VV} \). Where tions)		
Date Full name of contributorout-of-state PAC (ID#:) MANAGEMENT OF THE PAC (ID#:) Contributor address; City; State; Zip Code 250 Hambur Amanla Tx 1919 Principal occupation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$) Of UT Contribution (\$)		

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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 FATH MASSEW	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) The contribution (\$) Cuttons)
Date Full name of contributor Patan Traff Contributor address; City: State; Zip Code My Principal occupation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$) 8 150 00 000 000000000000000000000000000
Date Full name of contributor out-of-state PAC (ID#: SMALLS CUMUL Contributor address; City; State; Zip Code What Hand TX 7919 Principal occupation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$) I M D Cheece actions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) LGD CMUM actions)
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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#:) THA PHYSON 6 Contributor address; City; State; Zip Code F Pd fowafel Amaul 71 7910	7 Amount of contribution (\$) \$\begin{align*} \text{1} 250 \\ \text{Cuch} \text{Cuch}
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 213/23	Full name of contributor out-of-state PAC (ID#:) TAMAR DOWNALD Contributor address; City; State; Zip Code HOW EN 2 AMAN O TX 19 O TX	Amount of contribution (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal occup	Pation / Job title (See Instructions) Employer (See Instructions)	tions)
UB B	Full name of contributor out-of-state PAC (ID#:) Jan 100908 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date 21423	Full name of contributor out-of-state PAC (ID#:) W.F. G. Many Dec Churts & Contributor address; City; State; Zip Code 3505 Cavtu Aman Ty 79109	Amount of contribution (\$)
Principal occup	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.

	****	14
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Falt Massen	3 Filer ID (Ethics Commission Filers)
4 Date 4 1413	5 Full name of contributor out-of-state PAC (ID#:) - SAMUSTYPUO CAUNUM 6 Contributor address; City; State; Zip Code 20 Amarillo TX 79109	Amount of contribution (\$)
D	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/14/23	Contributer address; City; State; Zip Code	\$ 100.00 chell
	UTUI Jahrusov Amanilo 19 17100	OV 301
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/14/23	Contributor address; City; State; Zip Code 240 Truys Amanto Tx 7909	# loviched
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
414123	TAUFTHAMAS Contributor address; City; State; Zip Code 400 AShullept. Amaillo TX 79109	\$ 500 cheer
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

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		(e)
The Instruction Guide	e explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME FAH	Massey	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor as Sulph H	Mansfuld ddress; City; State; Zip Code Tayden Amanin Tx 7919	7 Amount of contribution (\$)
AV18		
Date Full name of c CAMA Contributor ac SULY W	Hughes	Amount of contribution (\$)
Principal occupation / Job title (Se	ee Instructions) Employer (See Instr	uctions)
Date Full name of c Contributor ac Contributor ac	Walter Menseer	Amount of contribution (\$)
Principal occupation / Job title (Se	ee Instructions) Employer (See Instr	uctions)
Date Full name of o Contributor ac	contributor out-of-state PAC (ID#:	Amount of contribution (\$) The state of the
Principal occupation / Job title (Se	ee Instructions) Employer (See Instr	

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SCHEDULE A1

if the requested information is not applicable, bo 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 Massey	3 Filer ID (Ethics Commission Filers)		
4 Date 217123 8 Principal occur	5 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code UID BNAN Place AMANUTX 19109 pation / Job title (See Instructions) 9 Employer (See Instructions) Wallier Wallier	7 Amount of contribution (\$) \$\int \mathref{\ma		
Date	Full name of contributor	Amount of contribution (\$)		
2/11/23	Contributor address; City; State; Zip Code 2004 Hawkham Aman TX 79109	\$ 100.00 her		
Principal occup	vation / Job title (See Instructions) Employer (See Instruc	tions)		
Date U1113 Principal occup	Full name of contributor out-of-state PAC (ID#:) Dean Manson Contributor address; City; State; Zip Code	Amount of contribution (\$)		
Date W11/23 Principal occup	Full name of contributor out-of-state PAC (ID#:) HALLY MATCH Contributor address; City; State; Zip Code 3540 twp Ave Amall 1x792 Deation / Job-title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)		
	Medical Supply	*****		

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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	Kalt Massey	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) MWEN & MAVEW HU 6 Contributor address; City; State; Zip Code 2415 S.Upstamb Am TX 19189	Amount of contribution (\$) Amount of contribution (\$) Chull
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) VUSAU ALLEN WITH Contributor address; City; State; Zip Code TO WASHINGTON AMA TX 7910	Amount of contribution (\$)
Principal occup	Pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 411123	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date 141123	Full name of contributor out-of-state PAC (ID#:) DANA HWS Grad MINULU FORMAD Contributor address; City; State; Zip Code 110 Hamsh Amanilu Tx 7910	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
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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

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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 (\$)	
2/11/23	Fasow Hamao 6 Contributor address; City; State; Zip Code 7901 Valauv Aman(0 Tx 79119	\$ 500 Cheek	
9 Principal occur	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
• Fincipal occu	Olle gar		
Date	Full name of contributor	Amount of contribution (\$)	
417123	Contributor address; City; State; Zip Code	\$ 50 cheek	
	FOIR Williamsbury Amaullo TX 79119		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
ER FRENCH CHARLES	Hancation	DODAY ON HE HAT IN AN THREE BEING	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	
211/23	Contributor address; City; State; Zip Code	\$1 (00 thech	
	1700 S. Washington Amoull Tx 790		
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	rtions)	
, intopar soco	Vanelly	Andrews Charles	
	1 Williams		
Date	Full name of contributor	Amount of contribution (\$)	
44/23	Contributor address; City; State; Zip Code	Al Baral	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
	MISMIND.		
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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 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 Amount of contribution (\$) \$\text{50 Fay} \$\text{pu}\$
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 42423	Full name of contributor out-of-state PAC (ID#:) Hilda Puttuscus Contributor address; City; State; Zip Code 3113 8 MIGW AMAIL TX79 09	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date LILIS Principal occup	Full name of contributor out-of-state PAC (ID#:) TW VAHUSUW Contributor address; City; State; Zip Code PAC (ID#:) Employer (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date Principal occur	Full name of contributor out-of-state PAC (ID#:) Had CMS Wunpelmelle Contributor address; City; State; Zip Code 2002 Pavel Amam Tx 790 pation / Jobititle (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\frac{1}{250} UC 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	Katt Massey	3 Filer ID (Ethics Commission Filers)
4 Date 424(13)	5 Full name of contributor out-of-state PAC (ID#:) KAMU EL JOWN ONDEN 6 Contributor address; City; State; Zip Code 24 19 8. WP STAND AMAILI TX790	7 Amount of contribution (\$) \$\int 250 Ck
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
424/23	Contributor address; City; State; Zip Code SUV Geagetum Amanth Tx 79100	1 250 CK
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 425 25 Principal occur	Full name of contributor out-of-state PAC (ID#:) BYM (MOSS) Contributor address; City; State; Zip Code Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) The Cashus (tions)
	74(10)	
Date 414/23	Full name of contributor out-of-state PAC (ID#:) Deumy Md SScy Contributor address; City; State; Zip Code 2400 SPUK # 84 AMM 0 7 X 79 109	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
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SCHEDULE A1

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2 FILER NAME	Katt Massen	3 Filer ID (Ethics Commission Filers)	
4 Date NUM	5 Full name of contributor out-of-state PAC (ID#:) BLUY ZENUL 6 Contributor address; City; State; Zip Code 1210 8 BMMam AMan(IU, TX 79109)	7 Amount of contribution (\$) \$125 paypay	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
421/23	Contributor address; City; State; Zip Code	\$150 paypal	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)	
2/27/23	Contributor address: City; State; Zip Code N/A OFAMA CVTy, OF	STO pay	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 2/1/23	Full name of contributor out-of-state PAC (ID#:) Talk Michael Contributor address; # 725 City; State; Zip Code (000 M CHMALLER MAY PALLAY, TX	Amount of contribution (\$)	
Principal occi	ipation / 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 Massery	3 Filer ID (Ethics Commission Filers)	
4 Date 22123	5 Full name of contributor out-of-state PAC (ID#:) Tennifur Twiffs 6 Contributor address; City; State; Zip Code AMOUN AMOUNT DY, AMOUNT TY 1919	7 Amount of contribution (\$) 9\(\text{20} \) \(\text{VW}\text{1} \)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
2/27/23	Many Hoggath Contributor address; City; State; Zip Code 2028 Smilam Amanllo TX 79109	\$ 20 parpal	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date 2/2/23	Full name of contributor out-of-state PAC (ID#:) NIPPO BASS Contributor address; City; State; Zip Code NIA PANNAW, Teyas	Amount of contribution (\$) Start To Paypay	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	

SCHEDULE A1

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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#:)	7 Amount of contribution (\$)
2/21/23	Taylw Van Valkenbyrg 6 Contributor address; City; State: Zip Code 1402 S. Mgam Amanllo Tx 79102	\$ 200 paypal
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/27/23	Contributor address; City; State; Zip Code	0091 Marting 100
•	2409 Woscamb Amanlo 9x 79109	pay pay
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/27/23	Contributor address; City; State; Zip Code	9 30, W
	2100 DW COM AMMILLY TOLORS	DWZPM
Principal occup	CMMWWW MWALLA Employer (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
0/20/23	Contributor address; City; State; Zip Code	\$ 250.W
· N	N/A New York, New York	\
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	ctions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Fatt Massen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor , out-of-state PAC (ID#:)	7 Amount of contribution (\$)
7/18/23	6 Contributor address; City: State; Zip Code	\$200.00 prypry
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/23/13	Spanky Assitys Contributor address; City; State; Zip Gode 210 N. Shru Wetangweed 7918	\$1 250 parper
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Date Principal occup	Full name of contributor	Amount of contribution (\$)
Date 311123	Full name of contributor out-of-state PAC (ID#:) Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code 3025 Fatm AMAN 7 79109	Amount of contribution (\$) Solvey 20 payprol
Principal occup	Poation / 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	Katt Masson	3 Filer ID (Ethics Commission Filers)	
4 Date 3\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 Full name of contributor out-of-state PAC (ID#:) UNUSUS LANGOV 6 Contributor address; City; State; Zip Code 320 SWNSCT TENAU AMA, TX 79102	7 Amount of contribution (\$) \$\frac{1}{2} \text{To party} \text{WM}	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date MIN	Full name of contributor out-of-state PAC (ID#:) MEA YN AN CULLED Contributor address; City; State; Zip Code FUOV SW 43M AMAILUTX 7910 9	Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	
Principal occup	eation / Job title (See Instructions) Employer (See Histruc	tions)	
Date 7\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Full name of contributor out-of-state PAC (ID#:) WYCH DIW Contributor address; City; State; Zip Code UU12 HEAN AMANIN 1 x 79109	Amount of contribution (\$) \$ 50 Venmo	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:) POSSON COSTON Contributor address; City; State; Zip Code 1915 COSTON TA- AMAIX 79109	Amount of contribution (\$) 9.30 Venmo	
Principal occup	pation Job title (See Instructions) Employer (See Instructions)	tions)	

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SCHEDULE A1

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2 FILER NAME FATH MUSSEN		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of- MAH GAME 6 Contributor address; City; 241 Hayden Ama		7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) SUMISH VESCAM	9 Employer (See Instruc	tions)
Date Full name of contributor out-of-	-state PAC (ID#:)	Amount of contribution (\$)
3/2/23 Contributor address; City; 2 WORD Stand AMA	State; Zip Code	\$1 500 de
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
WALKSTOOL STORY ST	state PAC (ID#:)	Amount of contribution (\$)
2001 Sontributor address: City: 4502 Green WIW	State; Zip Code	\$ 256 CK
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
	state PAC (ID#:)	Amount of contribution (\$)
2001 Patrille Levelade Contributor address; City; 2012 Marth Am	State; Zip Code	\$ 250
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
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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#:)	7 Amount of contribution (\$)
3/2/23	5 Contributor address; City; State; Zip Code 412 CMMMW AMMIX 79179	\$1 1000.00 ck
8 Principal occi	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/2/13	Contributor address; City; State; Zip Code 3000 Travis Amanto, TX 79109	\$1 (No to check
Principal occu	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	\$ 500 chell
	1202 Bown Amanto, 7x 79109	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	uons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/2/23	Contributor address; City; State; Zip Code SBM DMS Amaull O, TX 79109	1 (v), or check
Principal and		tions)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	uorio)
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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 Massen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2/2/23	Sean Fuguer 6 Contributor address; City; State; Zip Code 1400 Cartinentian Plany Amazally	exprose chap
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) CMP Chandler	Amount of contribution (\$)
312/23	Contributor address; City; State; Zip Code MA AMMILIO TX	\$25 00 purpor
Principal occupation / Job title (See Instructions) Employer (See Instructions) CMMM/CMM Specialist		
Date	Full name of contributor	Amount of contribution (\$)
2/4/23	MATHEM DAMS Contributor address: City: State: Zip Code WALL HALL AMANILO, TX 79109	\$ 40 00 but
	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ed yard Managur	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/1/23	Nany taven Contributor address; City: State; Zip Code 3117 Polk Street Aman 11, TX 79109	50.00 venmo
Principal occup	Pation / 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	Katt Macson	3 Filer ID (Ethics Commission Filers)
4 Date 3\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 Full name of contributor out-of-state PAC (ID#:) 1	
25 8		
Date 3/1/23	Full name of contributor out-of-state PAC (ID#:) Fatc MCSWAIN Contributor address; City; State; Zip Code 3114 FOWHAIN TW AMANIII TX79100	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
, vincipal cocci	Arist Petived	econolision Po
Date 18/23	Full name of contributor out-of-state PAC (ID#:) PO book Webd Contributor address; City; State; Zip Code 2511 AWRY W AMATX 79119	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date S\4\23	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$1 LOO OO PAPA tions)
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SCHEDULE A1

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2 FILER NAME	Katt Massen	3 Filer ID (Ethics Commission Filers)
4 Date 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	5 Full name of contributor	7 Amount of contribution (\$) A 100 paypy
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/11/23	Contributor address; City; State; Zip Code	\$1 300 mgpm
	2122 Knows AmilloTX 79109	banker
Principal occup	Pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
21/4/23	Contributor address; City; State; Zip Code	4 Word
	1523 Bonham Ama, TX 79/0	1
	cation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/115/25	Contributor address; City; State; Zip Code UKDK Sandre AMM, 7X 79109	st 10 penne
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)

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2 FILER NAME	Katt Massey	3 Filer ID (Ethics Commission Filers)
4 Date 3(15(24)	5 Full name of contributor out-of-state PAC (ID#:) PATHER MULLE 6 Contributor address; City; State; Zip Code F204 FIGH. AMAN (I) TX 79170	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 (\$)
3(20/23	Tack SISOMOVE Contributor address; City; State; Zip Code 30340870WD AMAULITY 19109	\$ (00 000 check
Principal occup	Patron / Job title (See Instructions) Employer (See Instructions)	tions)
Date N/20/27	Full name of contributor out-of-state PAC (ID#:) KATY PAMSW Contributor address; City; State; Zip Code U 413 HINSdale AMANIA, TX 19[19]	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/21/23	Full name of contributor out-of-state PAC (ID#:) SMS(E) PUNEU Contributor address; City; State; Zip Code P. O. BAY 2020 BANMAND, (K-73010)	Amount of contribution (\$) $42166 (as)$
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kaft Massen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
3/2/23	Octor McCart Matgamen 6 Contributor address; City; State; 2 NA AMANIW, TX 79	ip Code \$50 00 Cash
8 Principal occu	pation / Job title (See Instructions) 9 Employ	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
3/4/13	Contributor address; City: State; In HUNSLEY HUS AMANTO, TX	79015 CR
Principal occup	pation / Job title (See Instructions) Employ	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3121/23	Contributor address; City: State: 2	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
3/21/23	Contributor address; City; State; Z	Ip Code # 1000b
	9 100 JUSIOSAPA MITAMILO	1/1/1/19
Principal occup	pation / Job title (See Instructions) Employ	er (See Instructions)

SCHEDULE A1

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		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	
2 FILER NAME	Katt Massen	3 Filer ID (Ethics Commission Filers)
4 Date 3 21 23	5 Full name of contributor out-of-state PAC (ID#:) MU GUUDDO 6 Contributor address; City; State; Zip Code 35555 Edgwood Amault TX 19109	7 Amount of contribution (\$) The transfer of the 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 (\$)
3/21/23	Brent El Fay Lynn Caunes Contributor address; City; State; Zip Code Will Will Wardly Aman 1 777 79170	\$ 250 ch
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	Cansultaint	
Date 3/21/23	Full name of contributor	Amount of contribution (\$)
	4022 curtis DR. Amanllo, TX 19109	4
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date 3/21/23	Full name of contributor out-of-state PAC (ID#:) Paymand Fauta Contributor address; City; State; Zip Code 2022 CWAS ON AMAMU, TX 791 09	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
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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#:) Paul & Fluy Hample 6 Contributor address; City; State; Zip Code 1103 Pebbleone Amanto Ty19119	7 Amount of contribution (\$) Start OV CK	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/2/123	Contributor address; City; State; Zip Code 39058 & State Awaulto, TX 79109	\$ 500 00	
Principal occup	Mutt Guthith Ral Bate Employer (See Instructions)	tions)	
Date 3/21/23	Full name of contributor out-of-state PAC (ID#:) SMY W W W W Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 5 (1) (2)	Full name of contributor out-of-state PAC (ID#:) Stranger Amagin Tx7919	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
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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 Massen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) PATY ROS BYWY 6 Contributor address; City; State; Zip Code Waco, WA 98024	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	uons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/21/23	Contributor address; City; State; Zip Code POBOX 13983 AMAN (17) 79159	\$ 500 ck
Principal occup	pation Job title (See Instructions) Employer (See Instruc	tions)
Date 321/23	Full name of contributor out-of-state PAC (ID#:) Betty Sawell Contributor address; City; State; Zip Code 325 Well TX 79109	Amount of contribution (\$) The paypal
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 3(24)93	Full name of contributor out-of-state PAC (ID#:) Dawelle Sherrer Contributor address; City; State; Zip Code Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table Table	Amount of contribution (\$) \$\int \int \frac{OG}{Venture}\$
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	ctions)

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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 Massen	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
3124/23	Name: famules 6 Contributor address; City; State; Zip Code 3203 Hayden Amanllo, TX 79109	A 100 papay		
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 (\$)		
3/24/23	TCLL DUNCTT Contributor address: City; State; Zip Code 1700 8. WaShingtow Amaullo Ty 79102	\$ for as		
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3(15/23	BMM Framse Contributor address; City: State; Zip Code 24 Pagmater Amarillo 7 x 79100	\$ 1000 00 OC		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
	and scupe Construction (84)			
Date	Full name of contributor	Amount of contribution (\$)		
3/26/23	Contributor address; City; State; Zip Code	\$1 20 00 parport		
WILLIAMONADO IN FINANTILL IN 1914				
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	uons)		
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SCHEDULE A1

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	# N N	3
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 24 23	5 Full name of contributor out-of-state PAC (ID#:) Thank Knapp 6 Contributor address; City; State; Zip Code 2311 Parker Aman(10,7x 79109)	Amount of contribution (\$) The past of past of the contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3(2)(23	Full name of contributor out-of-state PAC (ID#:) AMAN'N ASSOCIATION OF FLATTONS Contributor address; City; State; Zip Code KNOT FATURISEUME AMAN'O TX 7917	Amount of contribution (\$)
Principal occup	Poation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 377 23 Principal occup	Full name of contributor	Amount of contribution (\$) \$ \text{UD Wayper} tions)
Date 3 128 23 Principal occur	Full name of contributor out-of-state PAC (ID#:) HMM S Noland Contributor address; City; State; Zip Code 1924	Amount of contribution (\$) \$\begin{align*} \$\forall \text{OO} \text{UG} \\ CaSN \\ \text{stions} \end{align*}

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SCHEDULE A1

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The	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#:)	7 Amount of contribution (\$)			
3/25/23	6 Contributor address; City; State; Zip Code 200 S. Bonham Amanilo, TX 79109	\$ 250°CK			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
3/13/13	Contributor address; City; State; Zip Code 24 Edgewater Amanla, TX 79102	1000 Ex			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
3/25/23	CANOLA SAM LAVELADY Contributor address; City; State; Zip Code 1317 (WORLH AMANIA, TX 79174	\$1 250 00 ck			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
3/28/23	Canoline & Dale Smeth Contributor address; City; State; Zip Code 3009 Mg Aman (10 TX 19109	\$ 250 00			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	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	Katt Massey	3 Filer ID (Ethics Commission Filers)	
4 Date 3/26/23	5 Full name of contributor out-of-state PAC (ID#:) DUN DIFFERENCE Out-of-state PAC (ID#:) 6 Contributor address; City: State; Zip Code 250 VAN DUVEN AMANIN, TX 79109	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 3/29/23	Full name of contributor out-of-state PAC (ID#:) WANT FROM SU Contributor address; City; State; Zip Code H Edge WATC AMANILO, TX 79106	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date NYNN	Full name of contributor out-of-state PAC (ID#:) Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code ANALY ANALY ANALY TO 109	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 3/25/23	Full name of contributor	Amount of contribution (\$)	
Principal occup	Patro / 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	Katt Massey	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Helew bentow 6 Contributor address; City; State; Zip Code 29 (Ottown TX 19109)	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 (\$)		
3/28/23	Sandy UMW Contributor address; City; State; Zip Code 320 Cotty Wood Gin Chuyon, TX, 79015	\$400 00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
3/28/23	Contributor address; City; State; Zip Code	8 (OM OU CK		
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3/26/23	Contributor address; City: State; Zip Code [7, 8] Bay 7841 Amanto Tx 79114	\$ 250 ca		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	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	Katt Masser		3 Filer ID (Ethics Commission Filers)
4 Date 3 28 23	5 Full name of contributor out-of-state PACE Ubby ATRE SHUTEN 6 Contributor address; City; 3412 ANWAY BIVE AWANT	State; Zip Code	7 Amount of contribution (\$) \$ 250 cac
8 Principal occu	pation / Job title (See-Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor uut-of-state PAC		Amount of contribution (\$)
3/28/23	Contributor address; City; 2809 Hughy Amanlo, 7		\$ 500 00
		-	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/28/23	Contributor address; City;		8 100 cm
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/28/23	Tex Alv Anation Contributor address; City; 3412 Al War Blud Amaull ()	State; Zip Code	9/100 oc
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	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 Massay	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/28/23	6 Contributor address; City; State; Zip Code 10 Holly Aman 10, 7x 79124	\$ 250 ho venmo
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
	petived	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/18/23	Contributor address; City; State; Zip Code	\$ 100 cenna
	3200 tarthane Amanllo, 7x79109	1 0000
Principal occup	Employer (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/13/13	Contributor address; City; State; Zip Code	\$ 250 00 venme
	3207 tawthome Aman Witx 79109	venne
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/28/23	Contributor address; City; State; Zip Code	\$ 5000
	270 Teckla Amanllo, TA 79100	10 paggal
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	etions)

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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 NAM	* Katt Massey	3 Filer ID (Ethics Commission Filers)		
4 Date 3(28)23	5 Full name of contributor out-of-state PAC (ID#:	109 Pagpag		
8 Principal occ	supation / Job title (See Instructions) 9 Employer (S	See Instructions)		
Date 3/25/23	Full name of contributor out-of-state PAC (ID#:	100		
Principal occ		See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)		
Principal occ	upation / Job title (See Instructions) Employer (3	See Instructions)		
Date	Full name of contributor	Amount of contribution (\$) Code		
Principal occ	eupation / Job title (See Instructions) Employer (See Instructions)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Katt Massey	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	sutions \$ 1200.00
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Solution
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
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#:	Amount of Contribution \$ In-kind contribution description, WAVFUINS Zip 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 accupation (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)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ule A2:
2 FILER NAM	Fatt Massey		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 1200.0	D
5 Date 3 14 3	Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ Contribution \$ Check if travel outsider (FOR NON-JUDICIA)	9 In-kind contribution description May description de of Texas. Complete Schedule T. AL)(See Instructions)
Mary	Ans socialist	Sik	**************************************	NO. 18 (18 (18 (18 (18 (18 (18 (18 (18 (18
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	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description description de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED	140