

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filer)	2 Total pages filed: 10		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Kristopher</i>	MI <i>B</i>	OFFICE USE ONLY <i>RECEIVED</i> Date Received: JAN 13 2026 BY: _____		
	NICKNAME	LAST <i>Linney</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE <i>5413 Hwy 59 W Beeville, Tx 78102</i>			Date Hand-delivered or Date Postmarked		
<input type="checkbox"/> Change of Address	AREA CODE	PHONE NUMBER	EXTENSION			
5 CANDIDATE/ OFFICEHOLDER PHONE	<i>(361) 319-9943</i>			Receipt # _____ Amount \$ _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Kristopher</i>	MI <i>B</i>	Date Processed		
	NICKNAME	LAST <i>Linney</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <i>5413 Hwy 59 W Beeville, Tx 78102</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged		
	<i>(361) 319-9943</i>					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>07</i>	Day <i>01</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month Day Year <i>03/03/2026</i>		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Bee County Judge</i>		
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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 500 ⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9750 ⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,017 ⁴⁰

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

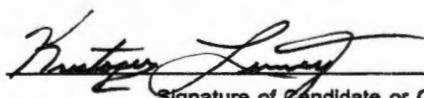
\$ 3733 ⁷⁶

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

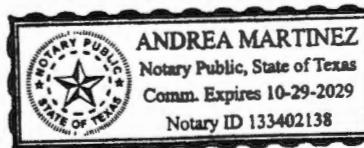
\$ 2000 ⁰⁰

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kristofer Linney this the 13th day of January,
20 2016, to certify which, witness my hand and seal of office.

Andrea Martinez

Andrea Martinez

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Kristofer Hinney***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,250
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,017 ⁴⁰
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: 3</p>
<p>2 FILER NAME Kristofer Hinney</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 11-20-25</p>	<p>5 Full name of contributor Beck Bros.</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>7 Amount of contribution (\$) 250 00</p>
	<p>6 Contributor address; [REDACTED] [REDACTED]</p>	<p>City: Beeville, Tx</p>	<p>State: 78104</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date 9-29-25</p>	<p>Full name of contributor Kenneth Bethune</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$) 500 00</p>
	<p>Contributor address; [REDACTED]</p>	<p>City: Beeville, Tx</p>	<p>State: 78102</p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 9-19-25</p>	<p>Full name of contributor Ray Desinso</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$) 1000 00</p>
	<p>Contributor address; [REDACTED]</p>	<p>City: Wyoming</p>	<p>State: </p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 9-11-25</p>	<p>Full name of contributor Elect. Adam Hinojosa</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$) 2500 00</p>
	<p>Contributor address; [REDACTED] [REDACTED]</p>	<p>City: Corpus Christi, Tx</p>	<p>State: 78480</p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <i>Kristofer Hinney</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9-6-25</i>	5 Full name of contributor <i>John Hunsston</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>2000 00</i>
6 Contributor address; [REDACTED] [REDACTED]	City; State; Zip Code <i>Beeville, Tx 78104</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>9-4-25</i>	Full name of contributor <i>Linebarger, Goggin, Blair and Sampson</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>1000 00</i>
Contributor address; [REDACTED] [REDACTED]	City; State; Zip Code <i>Austin, Tx 78760</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-19-25</i>	Full name of contributor <i>Bridget O'Neil</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>2000 00</i>
Contributor address; [REDACTED] [REDACTED]	City; State; Zip Code <i>Beeville, Tx 78102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-13-25</i>	Full name of contributor <i>John M. Waggoner, Jr.</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>1000 00</i>
Contributor address; [REDACTED] [REDACTED] [REDACTED]	City; State; Zip Code <i>Rockport, Tx 78382</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <i>Kristofer Linney</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>7-8-25</i>	5 Full name of contributor <i>Linsberger...Gagan...Blair...and...Sampson.....</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>.....</i>)	7 Amount of contribution (\$) <i>500 00</i>
	6 Contributor address; <i>[REDACTED] Austin, Tx 78760</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) 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.

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4	Kristofer Linney		
4 Date	5 Payee name		
9-23-25	Vista Print		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
81.53	275 W Main		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expenses	Business Cards	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	
Date	Payee name		
9-23-25	Signs 2 Go		
Amount (\$)	Payee address;	City:	State: Zip Code
6184.30	304 E Peron St	McAllen, TX	78501
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expenses	Signs	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	
Date	Payee name		
9-17-25	Amazon		
Amount (\$)	Payee address;	City:	State: Zip Code
476.93		Seattle	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Expenses	Jersey's for Parade	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer)	
	Kristofer Linney		
4 Date	5 Payee name		
12-31-25	Signs 2 Go		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
162 38	304 E Peron st	McAllen, Tx 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expenses	Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	
Date	Payee name		
12-12-25	South Texas News		
Amount (\$)	Payee address:	City: State: Zip Code	
950 00	111 N Washington	Beeville Tx 78102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Newspaper Ads	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	
Date	Payee name		
12-4-25	Vista Print		
Amount (\$)	Payee address:	City: State: Zip Code	
331 98	275 Wymon		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expenses	Flyers	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expenses	Jersey's for Parade	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	
Date	Payee name		
9-17-25	Amazon		
Amount (\$)	Payee address;	City; State; Zip Code	
239		Seattle	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Contract Labor	Decorating Parade Float	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	
Date	Payee name		
9-16-25	Michèle Preston		
Amount (\$)	Payee address;	City; State; Zip Code	
600	403 N Adams Beeville, TX 78102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Contract Labor	Decorating Parade Float	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	
Date	Payee name		
9-16-25	Lanyard Custom		
Amount (\$)	Payee address;	City; State; Zip Code	
146	16107 Kensington Dr. Sugarland Tx		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Expenses	Bracelets for Parade	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kristofer Linney	Bee County Judge	

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Expenses	Candy Customized for Parade
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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9.15.25	Amazon
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Amount (\$)	Payee address;	City:	State:	Zip Code
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362 92	Seattle
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expenses	Custom Pens for Parade
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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9.15.25	Discount Mugs
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Amount (\$)	Payee address;	City:	State:	Zip Code
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274 35	12610 NW 115 th Miami, Florida 33178
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expenses	Customized Stress Balls for Parade
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Kristofer Linney	Bee County Judge
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED