## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR		MI	OFFICE USE ONLY
NAME	NICKNAME		SUFFIX	Guadalupe Co Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 3400 FM 20 \$	APT / SUITE #; SEGUIN, TEXAS	CITY; STATE; ZIP CODE 78155	JAN 1 6 2024 Received
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (830)	305 0045	EXTENSION	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST JACK LAST WALKER	MI N SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE): APT / S		STATE; ZIP CODE
	AREA CODE	PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	(830)	401-2040		
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	Month THROUGH 1	Day Year / 11 / 24
11 ELECTION	ELECTION DA	Year Primary Year Genera	Description	<u> </u>
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know COUNTY COM	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	FUOI DED THESE EVDENDITIED	ES MAY HAVE REEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT VDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
		GO TO	PAGE 2	
Forms provided by Texas	Ethics Commission	www.eth	ics.state.tx.us	Revised 8/17/2020

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME DUSTIN ENGELKE	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4943.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	AY \$
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD</li> </ol>	E \$
rea	equired to be reported by me under Title 15, Election Code.	2
	Signature of Candid	date or Officeholder
	Please complete either option below:	
	STACY C. JOHNSON	
(1) Affidavit	Notary Public, State of Texas	
(I) Andavit	Comm. Expires 12-09-2025 Notary ID 133482649	
	Minux Hotary 10 133462045	
NOTARY STAMP/SEA	AL	
Sworn to and subscribed	d before me by <u>Dustin Engelke</u> this the <u>I</u>	5th day of January
211		
20 <u>C</u> to certify	which witness nuclearly and seal of office.	John Rublic Stele of Fares
Signature of officer administ	tering gath Printed name of offiger administering oath	Title of officer administering oath
Signature of oncer autimist		
	OR	
(2) Unsworn Declarat	tion	
My name is	, and my date of birth is	
My address is		
	(street) (city) (stat	e) (zip code) (country)
Executed in	County, State of, on the day of(month)	
	(month)	, 20 (year)
	Signature of Candidate	e/Officeholder (Declarant)
	Ethics Commission www.ethics.state.tx.us	Revised 8/17/202
Forms provided by Texas		

# SUBTOTALS - C/OH

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

19	FILER NAME 20 Filer ID (Ethics Con	nmiss	ion Filers)
	DUSTEN ENGILICE		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	700.00
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	\$	4243.77
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$	
			Revised 8/17/2020

## 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:
FILER NAME			3 Filer ID (Ethics Commission Filers)
	DUSTIN ENGRUCZ		
Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
	TACK NO. WIALKIZIR		500.00
8 14 23	6 Contributor address; City;	State; Zip Code	300.00
	1086 BUIERCOR LA	Cruis NOT	
Dringinglago	upation / Job title (See Instructions)	9 Employer (See Instruct	
Principal occu		Fox ALLP	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
	Steve KORILLER		
01/11/24	Contributor address; City;	State; Zip Code	200.00
	250 Furman Rd	Sizerin N 72+4	7-
Daiacias I		Employer (See Instruct	
	pation / Job title (See Instructions)		•
Co	NSTRUCTEM MAN ACTOR	KORIHLIER	COMPTO 9
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
			tions)
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	
Principal occu			Amount of contribution (\$)
		Employer (See Instruct	Amount of contribution (\$)
	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
Date	Full name of contributor out-of-state PA	C (ID#:)	
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	
Date	Full name of contributor out-of-state PA Contributor address; City; upation / Job title (See Instructions)	C (ID#:) State; Zip Code Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:) State; Zip Code Employer (See Instruc	tions)

	TICAL CONTRIBUTIONS	his page in the re	port.	
	EXPENDITURE CATEGORIES I			
vertising Expense counting/Banking nsulting Expense ntributions/Donations Made By andidate/Officeholder/Political dit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	nyment/Reimbursement rhead/Rental Expense pense xpense /ages/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Exper
otal pages Schedule F1:	2 EILER NAME		3 Filer ID (Ethic	cs Commission Filers
	DUSTEN ENGIZERE	2		
11-24-2023	DUSTEN ENGIZERER 5 Payee name CHALK MAEL			
mount (\$)	7 Pavee address	City; SAN MAYLCOS	State;	Zip Code 78666
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livir	ng expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
mount (\$)	Payee name 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 Austir	n, TX, officeholder livi	ng expense
omplete <u>ONLY</u> if direct cpenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ate	Payee name			
mount (\$)	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.	Charle if A	TV offerball	
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	n, TX, offic <b>eholde</b> r li <b>vin</b>	Office held

PERSONAL	FUNDS		SCH	IEDULE G
If the requested in	formation is not applicable, DO NOT include	this page in the report		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
dvertising Expense ecounting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politi edit Card Payment	Fees         Office O           Food/Beverage Expense         Polling E           By         Gift/Awards/Memorials Expense         Printing	verhead/Rental Expense Tra Expense Tra Expense Tra Wages/Contract Labor Oth	icitation/Fundraisin insportation Equipm ivel In District ivel Out Of District ner (enter a category	ent & Related Expens
Total pages Schedule G:	2 FILER NAME DUSTEN EnGRUKE		Filer ID (Ethics	Commission Filers)
Date 8-16-2024	5 Payee name CITALIS MATE	<b></b>		
Amount (\$) 463.60 Reimbursement from political contributions intended	7 Payee address; 3473 HUNTER Rd UNTET D	City: SAN MARCOS	State;	Zip Code 7 8666,
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,		(Dense
nplete <u>ONLY</u> if direct renditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 11-18-2024	Payee name			
Amount (\$) <b>35.05</b> Reimbursement from political contributions intended	Payee address: 1 DO E COURT STE 850	City; SIZONEN	State; <b>7</b> ¥	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF	ADVIENTESTWU	NAMIZ B	ADGR	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C.		Office sought		Office held
Date	Payee name			
11-26-2024	EGA			
Amount (\$)	Payee address; Z220 N. Hwy 46	City;	State;	Zip Code
LO7.17 Reimbursement from political contributions intended	2220 N. 10 9 76	SECUTN	TY	7845
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	ADUTARTUSTING	AD		
OF EXPENDITURE			officeholder living e	xpense
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,		
OF	Candidate / Officeholder name	Office sought		Office held

	FUNDS	ОМ	SCHEDULE G
If the requested int	formation 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 Candidate/Officeholder/Politi Credit Card Payment	Fees     Office O       Food/Beverage Expense     Polling E       By     Gift/Awards/Memorials Expense     Printing	verhead/Rental Expense Tra Expense Tra Expense Tra Wages/Contract Labor Oth	citation/Fundraising Expense nsportation Equipment & Related Exper vel In District vel Out Of District er (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME		iler ID (Ethics Commission Filers
2	Dusito Payee name	42	
Date	5 Payee name		
12-14-2023	CITPLKMAEL		
Amount (\$)	7 Payee address; 3473 Hunran Rd	City;	State; Zip Code
Reimbursement from political contributions intended	UNETD	SAMMAR	os TY 72661
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Advientosino-	Stows	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
572.05	Payee address;	City;	State; Zip Code
Sizes Sizes Annual Sizes	12605, Bus. El+ 35	NEW BRAUN	
Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	Description	
Reimbursement from political contributions intended	12605, Bus. Elt 35 Category (See Categories listed at the top of this schedule) Netwire TESTM Co-	NEW BRAUN Description SECWS	NZOLS TV 7873(
Reimbursement from political contributions intended PURPOSE OF	IZLOS, Bus. Elt 35         Category (See Categories listed at the top of this schedule)         MURDITESTMC         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name	NEW BRAUN Description SECWS	
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Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C	IZ605, Bus: Elt 35         Category (See Categories listed at the top of this schedule)         Marce ITESTM C         Check if travel outside of Texas. Complete Schedule T.         t         Candidate / Officeholder name	Description SFCWS Check if Austin, TX,	NTOLS TY 7873C
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Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C Date <u>11-24-2623</u> Amount (\$) <u>2945.00</u> Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	IZGOS, Bus: EIH 35         Category (See Categories listed at the top of this schedule)         MURDIFICATESTMC         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name         Condidate / Officeholder name         Payee name         CHALL MATL         Payee address;         3473 HUNTER RJ         Category (See Categories listed at the top of this schedule)         ADVINTER RJ         Category (See Categories listed at the top of this schedule)         ADVINTER RJ         Category (See Categories listed at the top of this schedule)         ADVINTER RJ         Category (See Categories listed at the top of this schedule)         ADVINTER RJ         Category (See Categories listed at the top of this schedule)         ADVINTERSTWC         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name	Description SECONS Check if Austin, TX, Office sought City; SAN MARCO Description Description SECONS Check if Austin, TX, Office sought	متعدى (٢ ٦٤٦٦٢) officeholder living expense Office held State: Zip Code officeholder living expense officeholder living expense