JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX Guadalupe Co Elections Legore ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE 4 CANDIDATE / JUL 1 5 2021 **OFFICEHOLDER** PO Box 273 TX 78156 MAILING **ADDRESS** Received 531 W. Court St Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210) 410-7743 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN 17 **TREASURER** Beckett Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Legore STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN CITY: **TREASURER** 78155 IX 237 Windwood Circle Seguin **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (210) 790-6778 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Day COVERED 30 / 2021 THROUGH 2021 ELECTION TYPE **ELECTION DATE** 11 ELECTION | Primary Runoff Other Month Day Year 13 OFFICE SOUGHT (if known) 12 OFFICE Judge, Guadalype County Court at Law & Judge, Guadalype County Court out Law 2 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Kirsten 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 0 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS \$ () (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** \$ 2500 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 1500 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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/Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ____ day of this the _, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is \\/\9\197\ My address is (city) (state) (zip code) (country) County, State of

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

SUBTOTAL AMOUNT
\$
\$
\$ 10,000
\$ 2,500
TIONS \$ 2500
\$
BUTIONS \$
\$
\$
SS OF C/OH \$
TIONS \$
ETURNED \$

PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B(J) If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B(J): The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kirsten Legore 6 Full name of pledgor ut-of-state PAC (ID#: 5 Date 9 In-kind contribution 8 Amount of Pledge \$ description 6/1/2021 Burlene Le Clair 7 Pledgor address; City; State; Zip Code 237 Windwood Circle Seguin TX 78155 Check if travel outside of Texas. Complete Schedule T. 10 Pledgor's principal occupation 11 Pledgor's job title Retired NIA 12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any) 14 If pledgor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#: Date In-kind contribution of Pledge \$ description Loven Le Claur Pledgor address; City; 12,000 6/1/2021 Pledgor address; City; 301 River St. lown City IA 52246 Check if travel outside of Texas. Complete Schedule T. Pledgor's job title Pledgor's principal occupation Attorney Pledgor's employer/law firm Law firm of pledgor's spouse (if any) University of lowa If pledgor is a child, law firm of parent(s) (if any) Full name of pledgor out-of-state PAC (ID#: In-kind contribution Date of Pledge \$ description Pledgor address: State; Zip Code Check if travel outside of Texas. Complete Schedule T. Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE E(J) LOANS (JUDICIAL) If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E(J): The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Kirsten Legore 4 TOTAL OF UNITEMIZED LOANS \$ Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#: \$2500 10/28/21 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Lender's Job Title 12 Lender's Principal Occupation 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 If lender is a child, law firm of parent(s) (if any) 18 17 Description of Collateral Check if personal funds were deposited into political X account (See Instructions) none 20 Name of guarantor 22 Amount Guaranteed (\$) 19 GUARANTOR 21 Guarantor address; City; State; Zip Code not applicable 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; 6 Amount (\$) 7 Payee address; State; Zip Code TX 78701 tuinn 2500 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Signing Fee Consulting Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date 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 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH