

# 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 Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
*BRUCE*  
NICKNAME LAST SUFFIX  
*KARBOWSKI*

OFFICE USE ONLY

Date Received FILED  
at 8:20 o'clock A M

FEB 27 2024

LEE H. CHAMBERS  
COUNTY CLERK, LIBERTY COUNTY, TEXAS  
BY *Siena* DEPUTY

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
*ROBERTA*  
NICKNAME LAST SUFFIX  
*KARBOWSKI*

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

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 Day Year  
*FEB 16 / 24* THROUGH *FEB 26 / 24*

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other Description  
*MAR 5 24* General Special

12 OFFICE

OFFICE HELD (if any) *CT 6-1*  
*County Commissioner*

13 OFFICE SOUGHT (if known)

*SAME*

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.

|                |                                      |
|----------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME                       |
| GENERAL        | COMMITTEE ADDRESS                    |
| SPECIFIC       | COMMITTEE CAMPAIGN TREASURER NAME    |
|                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

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)

\$ 0-

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

\$ 0-

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 6258.46

4. TOTAL POLITICAL EXPENDITURES

\$ 6258.46

CONTRIBUTION  
BALANCE

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

\$ 0-

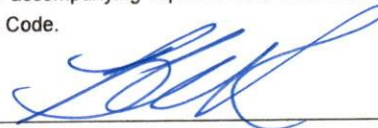
OUTSTANDING  
LOAN TOTALS

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

\$ 5000<sup>00</sup>

18 SIGNATURE

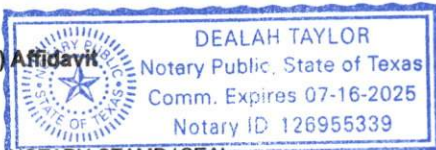
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to, and subscribed before me by Bruce Karchowski this the 27<sup>th</sup> day of February

20 24, to certify which, witness my hand and seal of office.

Dealah Taylor

Dealah Taylor

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\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|                                           |                                                                                    |                                        |
|-------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME                             |                                                                                    | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                    | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0-                                  |
| 2.                                        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.                                        | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                     |
| 4.                                        | SCHEDULE E: LOANS                                                                  | \$ 5000 <sup>00</sup>                  |
| 5.                                        | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 6258.76                             |
| 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 CONTRIBUTIONS RETURNED TO FILER | \$                                     |

**LOANS**

**SCHEDULE E**

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 E:                                                                                               |
| 2 FILER NAME<br><i>ROBERTA J KARBOWSKI</i>                                                               |                                                                                                    | 3 Filer ID (Ethics Commission Filers)                                                                                   |
| 4 TOTAL OF UNITEMIZED LOANS                                                                              |                                                                                                    | \$                                                                                                                      |
| 5 Date of loan<br><i>FEB 13</i>                                                                          | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><i>BEVER KARBOWSKI</i> | 9 Loan Amount (\$) <i>5000<sup>00</sup></i>                                                                             |
| 6 Is lender a financial Institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 [REDACTED]                                                                                       | 10 Interest rate                                                                                                        |
|                                                                                                          |                                                                                                    | 11 Maturity date                                                                                                        |
| 12 Principal occupation / Job title (See Instructions)<br><i>Commissioner PCT # 1</i>                    |                                                                                                    | 13 Employer (See Instructions)<br><i>Liberty County</i>                                                                 |
| 14 Description of Collateral<br><i>(none)</i>                                                            |                                                                                                    | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable                                                           | 17 Name of guarantor                                                                               | 19 Amount Guaranteed (\$)                                                                                               |
|                                                                                                          | 18 Guarantor address; City; State; Zip Code                                                        |                                                                                                                         |
| 20 Principal Occupation (See Instructions)                                                               |                                                                                                    | 21 Employer (See Instructions)                                                                                          |
| Date of loan                                                                                             | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                             | Loan Amount (\$)                                                                                                        |
| Is lender a financial Institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N              | Lender address; City; State; Zip Code                                                              | Interest rate                                                                                                           |
|                                                                                                          |                                                                                                    | Maturity date                                                                                                           |
| Principal occupation / Job title (See Instructions)                                                      |                                                                                                    | Employer (See Instructions)                                                                                             |
| Description of Collateral<br><i>none</i>                                                                 |                                                                                                    | Check if personal funds were deposited into political account (See Instructions)                                        |
| GUARANTOR INFORMATION<br><br>not applicable                                                              | Name of guarantor                                                                                  | Amount Guaranteed (\$)                                                                                                  |
|                                                                                                          | Guarantor address; City; State; Zip Code                                                           |                                                                                                                         |
| Principal Occupation (See Instructions)                                                                  |                                                                                                    | Employer (See Instructions)                                                                                             |

**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   | 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<br><i>Roberta Kravuski</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------------|---------------------------------------|

|                      |                                     |
|----------------------|-------------------------------------|
| 4 Date<br><i>2/6</i> | 5 Payee name<br><i>Midway Store</i> |
|----------------------|-------------------------------------|

|               |                                                                   |
|---------------|-------------------------------------------------------------------|
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code<br><i>Raywood TX 77575</i> |
|---------------|-------------------------------------------------------------------|

|                          |                                                                                                                                                               |                                |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>TRAVEL</i>                                                                             | (b) Description<br><i>FUEL</i> |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                |

|                                                       |                               |               |             |
|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br><i>2/7</i> | Payee name<br><i>DOLLAR TREE</i> |
|--------------------|----------------------------------|

|             |                                                                 |
|-------------|-----------------------------------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code<br><i>Liberty TX 77575</i> |
|-------------|-----------------------------------------------------------------|

|                        |                                                                                                                                                           |                                   |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>EVENT EX</i>                                                                           | Description<br><i>DECORATIONS</i> |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                   |

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                                 |
|--------------------|---------------------------------|
| Date<br><i>2/8</i> | Payee name<br><i>BLUEBONNET</i> |
|--------------------|---------------------------------|

|             |                                                                 |
|-------------|-----------------------------------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code<br><i>Liberty TX 77575</i> |
|-------------|-----------------------------------------------------------------|

|                        |                                                                                                                                                           |                          |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Ad EXP</i>                                                                             | Description<br><i>Ad</i> |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | 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                        | 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            | Gift/Awards/Memorials Expense | 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.

|                                                                     |                                                                                                                                                                      |                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Roberta Karbowski</i>                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>2/9</i>                                         | <b>5</b> Payee name<br><i>Vindicator</i>                                                                                                                             |                                              |
| <b>6</b> Amount (\$)                                                | <b>7</b> Payee address; City; State; Zip Code<br><i>Liberty TX 77575</i>                                                                                             |                                              |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Adv Ex</i>                                                                             | <b>(b)</b> Description<br><i>Ad</i>          |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br><i>2/12</i>                                                 | Payee name<br><i>VOTE/Gravity</i>                                                                                                                                    |                                              |
| Amount (\$)<br><i>100.00</i>                                        | Payee address; City; State; Zip Code                                                                                                                                 |                                              |
| PURPOSE OF EXPENDITURE                                              | Category (See Categories listed at the top of this schedule)<br><i>Polling Exp</i>                                                                                   | Description<br><i>Vote list</i>              |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br><i>2/12</i>                                                 | Payee name<br><i>7-ELEVEN</i>                                                                                                                                        |                                              |
| Amount (\$)<br><i>82.00</i>                                         | Payee address; City; State; Zip Code<br><i>Liberty TX 77575</i>                                                                                                      |                                              |
| PURPOSE OF EXPENDITURE                                              | Category (See Categories listed at the top of this schedule)<br><i>TRAVEL</i>                                                                                        | Description<br><i>Bus</i>                    |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought 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                        | 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            | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 2 FILER NAME *Roberta Karbousk* 3 Filer ID (Ethics Commission Filers)

4 Date *2/13* 5 Payee name *DAVID MEZA*

6 Amount (\$) *500<sup>00</sup>* 7 Payee address; City; State; Zip Code  
*Dayton TX*

8 PURPOSE OF EXPENDITURE  
 (a) Category (See Categories listed at the top of this schedule) *Contract Labor* (b) Description *LABOR*  
 (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/OH Candidate / Officeholder name Office sought Office held

Date *2/14* Payee name *Liberty County Republican Party*

Amount (\$) *125<sup>00</sup>* Payee address; City; State; Zip Code  
*Liberty TX 77575*

PURPOSE OF EXPENDITURE  
 Category (See Categories listed at the top of this schedule) *Event Ex* Description *Meet & Greet*  
 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 *2/15* Payee name *BLUEBONNET*

Amount (\$) *500<sup>00</sup>* Payee address; City; State; Zip Code  
*Liberty TX 77575*

PURPOSE OF EXPENDITURE  
 Category (See Categories listed at the top of this schedule) *Printing Ex* Description *Ad*  
 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

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            | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 2 FILER NAME *Roberta Karbowski* 3 Filer ID (Ethics Commission Filers)

4 Date *2/16* 5 Payee name *Data / Mailing*

6 Amount (\$) *1423.04* 7 Payee address; *Houston TX* City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Printing Ex* (b) Description *MAIL OUTS*  
 (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/OH Candidate / Officeholder name Office sought Office held

Date *2/19* Payee name *WALMARTS*

Amount (\$) *140 77/100* Payee address; *Liberty TX 77576* City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Polling Ex* Description *Booth*  
 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 *2/20* Payee name *WESTERN Auto*

Amount (\$) *67 18* Payee address; *Dayton TX* City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Polling Ex* Description *Booth*  
 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

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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 <i>Roberta Karbowski</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

|                    |                               |
|--------------------|-------------------------------|
| 4 Date <i>2/20</i> | 5 Payee name <i>Wal marts</i> |
|--------------------|-------------------------------|

|                                       |                                          |
|---------------------------------------|------------------------------------------|
| 6 Amount (\$) <i>134<sup>72</sup></i> | 7 Payee address; <i>Liberty TX 77575</i> |
|---------------------------------------|------------------------------------------|

|                          |                                                                                                                                                               |                              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Polling Ex</i>                                                                            | (b) Description <i>Booth</i> |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                              |

|                                                       |                               |               |             |
|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

|                  |                                   |
|------------------|-----------------------------------|
| Date <i>2/23</i> | Payee name <i>Sprint to Print</i> |
|------------------|-----------------------------------|

|                                      |                                  |
|--------------------------------------|----------------------------------|
| Amount (\$) <i>1037<sup>45</sup></i> | Payee address; <i>Houston TX</i> |
|--------------------------------------|----------------------------------|

|                        |                                                                                                                                                               |                              |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Ex</i>                                                                               | Description <i>Mail outs</i> |
|                        | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                              |

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

|                  |                               |
|------------------|-------------------------------|
| Date <i>2/23</i> | Payee name <i>DAVID NEZAT</i> |
|------------------|-------------------------------|

|                                      |                                  |
|--------------------------------------|----------------------------------|
| Amount (\$) <i>1000<sup>00</sup></i> | Payee address; <i>Drytown TX</i> |
|--------------------------------------|----------------------------------|

|                        |                                                                                                                                                               |                               |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Polling Ex</i>                                                                                | Description <i>Poll Booth</i> |
|                        | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                               |

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED