

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Kelly P	OFFICE USE ONLY Date Received <i>Received</i> <i>10/7/24</i>	
	NICKNAME LAST SUFFIX Fessler		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #; CITY; STATE; ZIP CODE 22702 Acorn Valley Dr. Spring, TX 77389		
6 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 457-2672		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI John P	Receipt # Amount \$	
	NICKNAME LAST SUFFIX Fessler		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12822 Kinneskie Dr. Humble, TX 77389		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 457-9937		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Day Year THROUGH Month Day Year 7 / 1 / 24 THROUGH 10 / 7 / 24		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 11 / 5 / 24 <input checked="" type="checkbox"/> General Special		
12 OFFICE	OFFICE HELD (if any) NHCRWA District 5 Director	13 OFFICE SOUGHT (if known) same	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Kelly P Fessler		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)	\$ 11,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,325.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,923.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

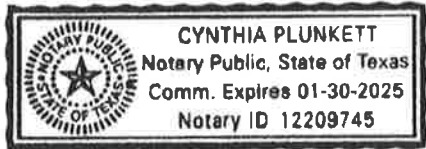
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kelly P. Fessler this the 7th day of October, 2024, to certify which, witness my hand and seal of office.
Cynthia Plunkett Cynthia Plunkett Finance Director
 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
Kelly P Fessler

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,100.00
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	\$ 6,325.00
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	\$
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	\$

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: 5
2 FILER NAME Kelly Fessler		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Raymond Rahaman 6 Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77079	7 Amount of contribution (\$) 500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Mark Heidaker Contributor address; City; State; Zip Code [REDACTED], Katy, TX 77494	Amount of contribution (\$) 500.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Shouting Hu Contributor address; City; State; Zip Code [REDACTED], Bellaire, TX, 77401	Amount of contribution (\$) 500.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Paul Kwan Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77041	Amount of contribution (\$) 1,000.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 5
2 FILER NAME Kelly Fessler		3 Filer ID (Ethics Commission Filers)
4 Date 08/28/2024	5 Full name of contributor out-of-state PAC (ID# _____) Shaheen Chowdhury	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [REDACTED], Katy, TX 77450		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 08/30/2024	Full name of contributor out-of-state PAC (ID# _____) William Wilshire	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77008		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 08/28/2024	Full name of contributor out-of-state PAC (ID# _____) Jawed Moheet	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED], The Woodlands, TX 77393		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 08/29/2024	Full name of contributor out-of-state PAC (ID# _____) Rafael Ortega	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED], Spring, TX 33737		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME
Kelly Fessler

3 Filer ID (Ethics Commission Filers)

4 Date
08/28/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Raviraj Yanamandala

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
_____, **Pearland, TX 77584**

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/29/2024

Full name of contributor out-of-state PAC (ID# _____)
Jerry Homan

Amount of contribution (\$)

Contributor address; City; State; Zip Code
_____, **Brenham, TX 77834**

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Ron Chapman

Amount of contribution (\$)

Contributor address; City; State; Zip Code
_____, **Houston, TX 77269**

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/16/2024

Full name of contributor out-of-state PAC (ID# _____)
Gregg T. Reyes

Amount of contribution (\$)

Contributor address; City; State; Zip Code
_____, **Houston, TX 77024**

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 5
2 FILER NAME Kelly Fessler		3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2024	5 Full name of contributor out-of-state PAC (ID# _____) Quiddity PAC 6 Contributor address; City; State; Zip Code [REDACTED], Bellaire, TX 77401	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2024	Full name of contributor out-of-state PAC (ID# _____) Marsi Thomas Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor out-of-state PAC (ID# _____) Dale Kornegay Contributor address; City; State; Zip Code [REDACTED] Sugarland, TX 77478	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID# _____) Jon M. Harper Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77009	Amount of contribution (\$) 1,000.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Kelly Fessler		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Lawrence Goldberg	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code _____, Houston, TX 77007	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Half Assocaites - State PAC	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code _____, Richardson, TX 75081	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Taylor Welch	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code _____, Kingwood, TX 77345	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 09/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Doug Haude	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code _____, Spring, TX 77379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 1	2 FILER NAME Kelly P Fessler	3 Filer ID (Ethics Commission Filers)
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4 Date 09/08/2024	5 Payee name Dibrell & Associates
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6 Amount (\$) 5,100.00	7 Payee address; 4203 Glade Shadow Ct. City; State; Zip Code Katy, TX 77494
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Retainer plus road signs and mailers
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/24/2024	Payee name Dibrell & Associates
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Amount (\$) 1,000.00	Payee address; 4203 Glade Shadow Ct. City; State; Zip Code Katy, TX 77494
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Online search advertisements
	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
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Date 09/27/2024	Payee name Dibrell & Associates
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Amount (\$) 225.00	Payee address; 4203 Glade Shadow Ct. City; State; Zip Code Katy, TX 77494
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description New push cards printing
	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
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