CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this f	form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages fi	led: 18
3 CANDIDATE/	MS / MRS / MR	FIRST			MI		
OFFICEHOLDER	Mr.	Richard	1		W.		USEONLY
NAME	NICKNAME	LAST			SUFFIX	Date Received	
		Henson				AFCI	
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUIT	E #; CI	TY; STA	TE; ZIP CODE	4:	49 pm
OFFICEHOLDER MAILING ADDRESS	2424 S FM 54	.9	Rock	wall TX	75032	APR	0'3 2025
Change of Address						BY: KSC	agre
5 CANDIDATE/	AREA CODE	PHONE NUMBER	t	EXT	ENSION	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER PHONE	(₂₁₄)	288-3084				04(03)25 Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST			MI	Neceipt #	Amount \$
TREASURER	Mrs	Felecia	a		Α.	Date Processed	•
1 V/ STVI how	NICKNAME	LAST			SUFFIX	04/03/25	
		George				Date Imaged	5
7 CAMPAIGN	STREET ADDRESS (I	NO PO BOX PLEASE);	APT / SUI	TE #;	CITY;	STATE;	ZIP CODE
TREASURER	328 Eden D	r			Fate	ТХ	75189
ADDRESS (Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	ι	EXT	ENSION		
TREASURER							
PHONE	(903)	701-1693					
9 REPORT TYPE	January 15	30th d	lay before ele	ection	Runoff		ifter campaign appointment er Only)
	July 15	8th da	y before elec	tion	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Yea	ar		Month	Day Yes	ar -
COVERED	01	03 / 202		THROUGH	⁺ 04 ~	03 20	25
	ELECTION DA	1			ELECTION TYPE		23
11 ELECTION			Primary	Runoff	Other		
	Month Day	Year	General	r	Description		
	05 / 03 /	2025	general	Special			
12 OFFICE	OFFICE HELD (if any)			13 OF	FICE SOUGHT (if know	m)	
						ty Council Pl	ace 1
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTION THE CANDIDATE / OFFICE CONSENT. CANDIDATES	EHOLDER. THESE EX	PENDITURES	MAY HAVE BEEN M	TICAL EXPENDITURES	MADE BY POLITICAL CO VDIDATE'S OR OFFICENC	DAMITTEES TO SUPPORT DLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAM			*		
		COMMITTEE ADDI	RESS				
Additional Pages	GENERAL						
	SPECIFIC	COMMITTEE CAM	IPAIGN TREA	ASURER NAME			
		COMMITTEE CAN	APAIGN TRE	EASURER ADDRE	SS		
		G	SO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 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)	\$ 6938.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,374.46
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 	* 4563.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$ 9,000.
	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	ZNV	
	Signature of Cano	lidate or Officeholder
	Please complete either option below:	
	Flease complete entitler option below.	
(1) Affidavit	KRISTY TEAGUE Notary Public, State of Texas Comm. Expires 05-13-2028	
NOTARY STAMP/SEA	Notary ID 126504433	
	before me by Richard W. Henson this the	3rd day of April,
20 <u>25</u> , to certify	which, witness my hand and seal of office.	
Brity Seagn	e KRISTY TEAGUE	NOTARY PUBLIC.
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
My name is	, and my date of birth is	
		ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9	FILER NAME 20 Filer II	0 (Ethics Commis	ssion Filers)
****	Richard Henson		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,438.45
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,500.00
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4.	SCHEDULE E: LOANS	\$	9,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	NS \$	11,374.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	TIONS \$.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	NS \$.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET TO FILER	JRNED \$.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			4
	Richard Henson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 🗌 out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
1/31/2025	Jim Trebes		\$1000.00
	6 Contributor address; City;		
	520 Melody Meadow Rockwall TX 750	87	
8 Principal occu contractor	pation / Job title (See Instructions)	9 Employer (See Instruc self	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/7/2025	Les & Penny Chapman		\$500.00
		State; Zip Code	
	733 Sunset Hill Dr Rockwall TX 75087		
	eation / Job title (See Instructions)	Employer (See Instruc	tions)
retired		retired	
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/14/2025	Don Griffin		\$250.00
	Contributor address; City;	State; Zip Code	
	6311 Wellington Meadows Houston T>	< 77449	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
investor		investor	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
2/28/2025	Les & Penny Chapman	 Geter the gap - interview and the second seco	\$478.45
	Contributor address; City;	State; Zip Code	
	733 Sunset Hill Dr Rockwall TX 75087		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
retired		retired	
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Richard Henson		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2025	Mike & Julie McElroy	v#:) State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occu retired		Employer (See Instruction etired	ons)
Date 2/28/2025	Full name of contributor 🗌 out-of-state PAC (ID Larry Frittz Contributor address; City; 108 Southampton Dr Rockwall TX 75032	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occur retired	pation / Job title (See Instructions)	Employer (See Instruction retired	ons)
Date 3/5/2025	Bob Lyons	State; Zip Code	Amount of contribution (\$) \$1500.00
Principal occu retired	Deation / Job title (See Instructions)	Employer (See Instruction retired	ons)
Date 3/5/2025	Full name of contributor Bill Sinclair Contributor address; Clty; 4217 Blythe St Rockwall TX 75032	^{)#:)} State; Zlp Code	Amount of contribution (\$) \$100.00
Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructi retired	ons)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Richard Henson		
4 Date	5 Full name of contributor 🗌 out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/9/2025	JW Henson		\$40.00
	6 Contributor address; City;	State; Zip Code	
	PO Box 493 Hughes Springs TX 75656		
8 Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructived	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/10/2025	Sharon Tuley		\$150.00
	Contributor address; City;	State; Zip Code	
	171 Chamberlain Dr Rockwall TX 7518	9	
	ation / Job title (See Instructions)	Employer (See Instruct	tions)
retired		retired	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/10/2025	Aimee Norton		\$100.00
	Contributor address; City;	State; Zip Code	
	609 Limmerhill Dr Rockwall TX 75087		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
investor		investor	
Date	Full name of contributor 🛛 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
3/20/2025	Joe Bridges		\$100.00
	Contributor address; City;	State; Zip Code	
	PO Box 435 Fate TX 75132		
Principal occup retired	bation / Job title (See Instructions)	Employer (See Instruc retired	itions)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Richard Henson		
4 Date	5 Full name of contributor Out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
3/31/2025	Charles Stahl		\$20.00
	6 Contributor address; City;	State; Zip Code	
	503 Westway Rockwall TX 75087		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
retired		retired	
Date	Full name of contributor 🛛 out-of-state P/	AC (ID#:)	Amount of contribution (\$)
			Amount of commutation (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	AC (ID#:)	
			Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
,	,		
Date	Full name of contributor		
		AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	cions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see ins		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 1
2 FILER NAMI	E Richard W. Henson	3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution
1/8/2025	2025 Les & Penny Chapman			description sponsor RCRW
	7 Contributor address; City; State; 733 Sunset Hill Dr Rockwall TX 75087	Check if travel outsi	 ide of Texas, Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
retired		tired		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•		
Date	Full name of contributor [] out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outs	I ide of Texas. Complete Schedule T.
Principal occ	l cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spou	use (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
s				
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED	
	If contributor is out-of-state PAC, please see instruct	tion guide fo	r additional reportin	ng requirements.

LOANS

SCHEDULE E

The	Instruction Guide explains h	ow to compl	ete this form.		1 Total pages Schedule E: 1
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
R	ichard W. Henson				
4 TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
1/10/2025	Richard W. Henson				\$9000.00
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate 0.0%
Y N	2424 S FM 549	Rockwall	ТХ	75087	11 Maturity date 5/5/2025
12 Principal occupation	on / Job title (See Instructions)		13 Employer (Se	e Instructions)	
President			Henson	Land Service	s Inc
14 Description of Coll	ateral		15		
none None	2			k if personal func unt (See Instructi	ds were deposited into political ions)
16 GUARANTOR	17 Name of guarantor				19 Amount Guaranteed (\$)
INFORMATION	Richard W. Henson				
	18 Guarantor address;	City;	State;		\$9000.00
	2424 S FM 549	Rockwall		75087	
not applicable	212131101313				
20 Principal Occupa President	tion (See Instructions)		21 Employer (Se Henso	e Instructions) N Land Servi	ces, Inc
Date of loan	Name of lender		PAC (ID#:		Loan Amount (\$)
ls lender a financial Institution?	Lender address;	City;	State;		Interest rate
					Maturity date
Y N					
Principal occupati	on / Job title (See Instructions)		Employer (Se	e Instructions)	
Description of Col	ateral		Chec	k if personal fund	ds were deposited into political
none				unt (See Instruct	
GUARANTOR	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State	Zip Code	
not applicable					
Principal Occupat	ion (See Instructions)		Employer (Se	ee Instructions)	
		TIONAL COP	IES OF THIS SCH	EDULE AS NE	EDED
If I	ender is out-of-state PAC, p				

SCHEDULE F1

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

EAFENDITORE CATEGORIES FOR BOX 8	XPENDITURE CATEGORIES F	OR BOX 8/a
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Committee Legal Services	Office Overhea Polling Expense xpense Printing Expen	nt/Reimbursement id/Rental Expense ie se s/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Richard W	V. Henson		3 Filer ID (Ethics	Commission Filers)
4 Date 1/3/2025	5 Payee name Keeper's Pres	SS			
6 Amount (\$) \$1244.88	7 Payee address; 1905 Alpha Drive - Ste	170 Rockwall TX	City; 75087	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Printing Expense	he top of this schedule) (k) Description Signs		
	(c) Check if travel outside of Taxas	s. Complete Schedule T.	Check If Austin,	TX, officeholder living	expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder nam I	10	Office sought	(Office held
Date 1/23/2025	Payee name Alliance Bank	(
Amount (\$) \$12.00	Payee address; 6130 FM 549 Rockw	vall TX 75032	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at th	e top of this schedule)	Description Fees		
	Check if travel outside of Texa	is, Complete Schedule T.	Check If Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam	ne	Office sought		Office held
Date 1/30/2025	Payee name Rockwall (GOP			
Amount (\$) \$3000.00	Payee address; PO Box 863 Rockwall	TX 75087	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at th Event Expense			eagan Day spo	
Complete <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder na		Office sought	,	Office held
	ATTACH ADDITIONAL	L COPIES OF THIS SC	HEDULE AS NEE	DED	
		unan athlas state ty us		4.0	O Bouland 1/1/202

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR B	OX 8	a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salarles/Wi	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME Richard W. Henso	n		3 Filer ID (Ethic	s Commission Filers)
4 Date 2/3/2025	5 Payeena	ameLowes				
6 Amount (\$) \$32.45	7 Payee ad 851 St	ddress; eeger Town Dr Rockwa	II TX 7	City; 5032	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schødule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense campaign supplies					ies
	(c)	Check if travel outside of Texas, Complete Se	chedule T.	Check If Austi	n, TX, officeholder living	j expanse
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date 2/13/2025	Payee na	Keeper's Press				
Amount (\$) \$1486.27	Payee a 1905 A	^{ddress} : Ipha Drive - Ste 170 Ro	ockwall	city; TX 75087	State;	Zip Code
	Categor	Y (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Prin	ting Expense		signs		
		Check if travel outside of Texas, Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
2/14/2025		Minute Man				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$65.00	1104 B	Ridge Rd Rockwall TX	75087			
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Printi	ng Expense		busine	ess cards	
		Check if travel outside of Texas, Complete S	Schedule T.	Check If Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

in the requested init	ormation is	s not applicable, DO NO	i include t	nis page in the r	εροπ.		
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Severage Expense Gift/Awards/Memortals Expense Legal Services	Office Over Polling Exp Printing Ex Salarles/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
		The Instruction Guide exp	lains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	Richard W. Her	ison		3 Filer ID (Ethics	Commission Filers)	
4 Date 2/18/2025	5 Payee n	^{ame} Chik-Fil-A					
6 Amount (\$) \$100.00	7 Payee a 283	^{ddress;} 5 Ridge Rd Rockwall	TX 75032	City;	State;	Zip Code	
8	(a) Catego	ry (See Categories listed at the top of	this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/	Beverage Expense			volunteer lu	nch	
	(c)	Check if travel outside of Taxas, Comple	ate Schedule T.	Check If Aus	tin, TX, officeholder living	expanse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date 2/20/2025	Payee n	ame Kustom Koozies					
Amount (\$) \$478.45	Payee a 3125 Gr	ddress; esham Lake Rd., Suite	e 105 Rav	City; vley NC 27615	State;	Zip Code	
	Categor	y (See Categories listed at the top of t	his schedule)	Description			
PURPOSE OF EXPENDITURE	Prin	ting Expense		250 k	Koozies		
		Check if travel outside of Texas, Complete	ete Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date 2/22/2025	Payee r	Keeper's Press					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$595.38	1905 A	Alpha Drive - Ste 170	Rockwall	TX 75087			
	Categor	y (See Calegories listed at the top of	this schedule)	Description			
PURPOSE OF EXPENDITURE	Printi	ng Expense		signs			
		Check if travel outside of Texas, Compl	etr Schedule T.	Check If Au	stin, TX, officeholder livin) expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.							
		EXPENDITURE CATE	GORIES	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidata/Officeholder/Politics Cradit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	Richard W. Hens	on		3 Filer ID (Ethic	s Commission Filers)	
4 Date 2/25/2025	5 Payee na	ame Alliance Bank		a ar an			
6 Amount (\$) \$12.00	7 Payee ad 613	ddress; 0 FM 549 Rockwall TX	(75032	City;	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		Në talih y në mje njëni këtërinë tëllore dalandar dad e kë një një njënjanjanjan da a në y e njënjë në të e e n	
PURPOSE OF EXPENDITURE	Fees			service fee			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Austi	n, TX, officeholder living) expanse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date 2/27/2025	Payee na	Elections Tech					
Amount (\$) \$250.00	Payee a 1515 Rip	^{ddress} ; basso Way Rockwall T	X 75032	City;	State;	Zip Code	
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Con	sulting Expense		Vot	'oter Data		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	; expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
2/28/2025		Alliance Bank					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$5.00	6130	DFM 549 Rockwall TX	75032				
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Fees			paper state	ement		

Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

EXPEN	IDITURE	CATEGORIES	FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salarles/Wa	ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME Richard W. Henso	on		3 Filer ID (Ethics	Commission Filers)
4 Date 3/3/2025	5 Payee na	^{ime} IHOP			L	an nan an
6 Amount (\$) \$7.99	7 Payee ac 2616	Idress; FM 740 S Rockwall TX	X 75087	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this Beverage Expense	schedule)	(b) Description	breakfast	
	(c)	Check if travel outside of Texas, Complete S	ichedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
3/7/2025		Keeper's Press				
Amount (\$)	Payee ac	idress;	49999999 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199	City;	State;	Zip Code
\$1317.94	1905 A	lpha Drive - Ste 170 Ro	ckwall ⁻	TX 75087		
	Category	/ (See Categories listed at the top of this a	schedule)	Description		
PURPOSE OF EXPENDITURE	Print	ing Expense		signs		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	; expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
3/10/2025		HCA				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$309.00	1803 S	Goliad Rockwall TX 7	5087			
	Category	Y (See Categories listed at the top of this	schedule)	Description		nnyn fer all fer i gener yn yn yn er wern wern fellen i ferstaan gener gener de ferstaan gener gener de gener e
PURPOSE OF EXPENDITURE	Event	Expense		Golf Tou	rnament Spon	sorship
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> If direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	TA	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	

PURPOSE

OF

Complete ONLY If direct expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Richard W. Henson		3 Filer ID (Ethics Commission Filers)			
4 Date 3/12/2025	5 Payee name Blue Ribbin News					
6 Amount (\$) \$765.00	7 Payee address; PO Box 967 Rockwall TX 75087	City;	State; Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	advertising -	News paper & internet			
	(C) Check if travel outside of Taxas, Complete Schedule T.	Check If Aust	tin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 3/12/2025	Payee name US Post Office					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$14.60	400 N Ervay St Dallas TX 75201					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Solicitatio	on/Fundraising Expense			
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/12/2025	Lowes					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$23.77	851 Steeger Town Dr Rockwall TX	75032				

Description

Office sought

Advertising Expense

Check if Austin, TX, officeholder living expense

www.ethics.state.tx.us

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Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas, Complete Schedule T.

Advertising Expense

Candidate / Officeholder name

Office held

SCHEDULE F1

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

,		EXPENDITURE (ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Office Ove Polling Ex nse Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
would want r aymofit		The Instruction Guide	explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NA	ме Richard W. H	lenson	an managana na mangana kana kana kana kana kana kana kan	3 Filer ID (Ethic	s Commission Filers)
^{4 Date} 3/14/2025	5 Payee nar	^{ne} Rockwall Worr	iens League			
6 Amount (\$) \$362.71	7 Payee add PO Box	dress; 383 Rockwall TX	(75087	City;	State;	Zip Code
8	(a) Category	(See Categories listed at the to	op of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event I	Event Expense Event Expense				
	(c)	Check if travel outside of Texas, Co	mplete Schedule T.	Check If Aust	lin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder name		Office sought		Office held
Date 3/19/2025	Payee nar	ne RCRW				
Amount (\$) \$30.00	Payee ad 1237	dress; Bay Line Dr Rockv	wall TX 750	City; 187	State;	Zip Code
	Category	(See Categories listed at the top	p of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event	Expense		Event E	xpense	
		Check if travel outside of Texas, Co	omplete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	δεν δε προτοποιού ματαγματικά το μετά το πολογιστικο το το ποιοιού το το ποιοιου που ποιοιου που ποιοιου ποιοι Το ποιοιου ποιοι	Office held
Date	Payee na	mə				*****
3/20/2025		The Northsic	de			
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$141.07	190 Sha	innandoah Rockv	vall TX 750	32		
	Category	(See Categories listed at the to	p of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event I	Expense		Event Ex	kpense	
		Check if travel outside of Texas, C	omplete Schedule T.	Check If Aus	stin, TX, officeholder livir	ig expense
Complete ONLY If direct expenditure to benefit C/O		ate / Officeholder name	******	Office sought		Office held
	AT	TACH ADDITIONAL C	OPIES OF THIS	S SCHEDULE AS NE	EDED	
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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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salarles/Wages/Contract Labor		head/Rental Expanse pense pense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)		
Constant and a construction of the		The Instruction Guide expla	ins how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	Richard W. Hens	on		3 Filer ID (Ethi	cs Commission Filers)	
⁴ Date 3/20/2025	5 Payee na	^{me} Signs On the Chee	ep		den en e		
6 Amount (\$) \$340.86	7 Payee ad 1280	^{Idress} ; 10 Anderson Mill Rd C	Cedar Par	city; k TX 78613	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of th	is schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense Printing Exp						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Aust	in, TX, officeholder livir	ng expanse	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date 3/25/2025	Payee na	me Alliance Bank					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
\$12.00	6130	FM 549 Rockwall T>	(75032				
	Category	(See Categories listed at the top of thi	s schedule)	Description			
PURPOSE OF EXPENDITURE	Fees		Fe	es			
		Check if travel outside of Texas, Complete	e Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame		ge sjene i na je un nordet er dagt en ny en het i det kan de inder en inder en inder i de inder de inder en geh		n hall e digit (), i i il i i i i i i i i i i i i i i i i	
3/31/2025		Alliance Bank					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$5.00	6130	FM 549 Rockwall TX	75032				
	Category	(See Categories listed at the top of the	is schedule)	Description			
PURPOSE OF EXPENDITURE	Fees			Fees			
		Check if travel outside of Texas, Complet	r Schedule T.	Check If Au	stin, TX, officeholder livi	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
	TA	TACH ADDITIONAL COPIE	ES OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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EXPEND	ITURE	CATEGORIES	FOR BOX 8(a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment			head/Rental Expense ense cense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER N	AME Richard W. Henso	on		3 Filer ID (Ethics	s Commission Filers)
4 Date 3/31/2025	5 Payee na	Recognition USA				
6 Amount (\$) \$152.09	7 Payee ad 1343	^{ddress} ; 3 Columbia Dr Richards	son TX	City; 75081	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adver	tising Expense		Ac	dvertising	
	(c)	Check if travel outside of Taxas. Complete Se	chedule T.	Check If Aust	in, TX, officeholder living) expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date 4/1/2025	Payee na	Harold Banner LOC				
Amount (\$) \$611.00	Payee a 2305	ddress; King Street Greenville	TX 754	City; 101	State;	Zip Code
	Categor	y (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	ertising Expense		Ac	lvertising	
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this :	schedule)	Description		
		Check if travel outside of Texas, Complete S	Schedule T.	Check If Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	
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