

# 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: 8

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Richard

H

NICKNAME

LAST

SUFFIX

Rich

Krause

OFFICE USE ONLY

Date Received

City of Heath  
RECEIVED

APR 02 2025

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

04-02-2025

Receipt #

Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

Stephen

NICKNAME

LAST

SUFFIX

Steve

McKimmey

Date Processed

04-02-2025

Date Imaged

04-02-2025

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

2

19

25

THROUGH

Month

Day

Year

3

24

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Heath City Council Place 6

13 OFFICE SOUGHT (if known)

Heath City Council Place 6

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

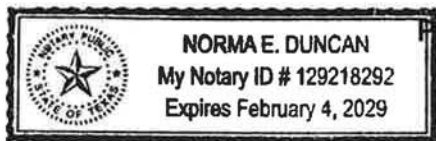
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Richard Krause		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8800.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 905.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,689.33
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,110.67
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*Rich Krause*

Signature of Candidate or Officeholder



Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rich Krause this the 2nd day of April, 2025 to certify which, witness my hand and seal of office.

*Norma E. Duncan* Norma E. Duncan City Secretary

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**

<b>19 FILER NAME</b> Richard Krause		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8800.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. SCHEDULE E: LOANS	\$ 0	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,689.33	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	



**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: <b>2</b>
2 FILER NAME Richard Krause		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2025	5 Full name of contributor out-of-state PAC (ID# _____) Ken Salverson 6 Contributor address; City; State; Zip Code 628 Sorita Circle Heath TX 75032	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/21/2025	Full name of contributor out-of-state PAC (ID# _____) Phyllis Salverson Contributor address; City; State; Zip Code 628 Sorita Circle Heath TX 75032	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/22/2025	Full name of contributor out-of-state PAC (ID# _____) Juston Karl Thompson Contributor address; City; State; Zip Code 206 Crisp Heath TX 75032	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) JKT Farms Green Acres, INC
Date 02/28/2025	Full name of contributor out-of-state PAC (ID# _____) Mathew Noxsel Contributor address; City; State; Zip Code 814 COUNTRY CLUB DRIVE HEATH TX 75032	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
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:**2****2** FILER NAME

Richard Krause

**3** Filer ID (Ethics Commission Filers)**4** Date

03/01/2025

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Charles Wright

**7** Amount of contribution (\$)**250.00****6** Contributor address;

City;

State;

Zip Code

12 Pintail Point Heath TX 75032

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

Date

03/09/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Don Prentis

Amount of contribution (\$)

**400.00**

Contributor address;

City;

State;

Zip Code

3033 Meredith Ln Forney TX 75126

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Qualthera Health Corp

Date

03/09/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Brad Larson

Amount of contribution (\$)

**2,000.00**

Contributor address;

City;

State;

Zip Code

206 Crisp Heath TX 75032

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

ABC LP

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

~~Attorney~~

Employer (See Instructions)

~~Self~~**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor 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	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>3</b>	<b>2</b> FILER NAME Richard Krause	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/25/2025	<b>5</b> Payee name Key Elements Media	
<b>6</b> Amount (\$) <b>680.89</b>	<b>7</b> Payee address; City; State; Zip Code 697 E I-30 Rockwall TX 75087	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>RICHARD KRAUSE</u> Office sought <u>HEATH CITY COUNCIL PLACE 6</u> Office held	
Date 03/03/2025	Payee name 4imprint	
Amount (\$) <b>949.35</b>	Payee address; City; State; Zip Code 101 Commerce Street Oshkosh, WI 54901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Hats, bev holders, magnets
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Richard Krause</u> Office sought <u>Heath City Council Place 6</u> Office held <u>Heath City Council Place 6</u>	
Date 02/25/2025	Payee name 24HourWristbands.com	
Amount (\$) <b>195.03</b>	Payee address; City; State; Zip Code 14550 Beechnut Street, Houston, TX 77083	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Buttons
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>RICHARD KRAUSE</u> Office sought <u>Heath City Council Place 6</u> Office held <u>Heath City Council Place 6</u>	

**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: <u>3</u>	<b>2</b> FILER NAME Richard Krause	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/22/2025	<b>5</b> Payee name Pixel Print	
<b>6</b> Amount (\$) 345.00	<b>7</b> Payee address; City; State; Zip Code 7 Old Dock Road, Suite 1a Yaphank, NY 11980	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Campaign Cards/Flyers
	<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: <u>RICHARD KRAUSE</u> Office sought: <u>HEATH CITY COUNCIL PLACE 6</u> Office held: <u>6</u>		
Date 03/03/2025	Payee name Keepers Press	
Amount (\$) 1,523.08	Payee address; City; State; Zip Code 101 Commerce Street Oshkosh, WI 54901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	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: <u>Richard Krause</u> Office sought: <u>Heath City Council Place 6</u> Office held: <u>Heath City Council Place 6</u>		
Date 02/27/2025	Payee name Giannis	
Amount (\$) 126.00	Payee address; City; State; Zip Code 465 Lawerance Dr Heath TX 75032	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign strategy meeting
	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: <u>RICHARD KRAUSE</u> Office sought: <u>Heath City Council Place 6</u> Office held: <u>Heath City Council Place 6</u>		

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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	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>3</b>	<b>2</b> FILER NAME Richard Krause	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/07/2025	<b>5</b> Payee name Tractor Supply	
<b>6</b> Amount (\$) 135.05	<b>7</b> Payee address; City; State; Zip Code 772 West 130 Royse City TX 75189	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	
	<b>(b)</b> Description <b>TRACTOR SUPPLY</b>	
	<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 Richard Krause	
	Office sought Heath City Council Place 6	Office held Heath City Council Place 6
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Check if travel outside of Texas. Complete Schedule T. <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 Richard Krause	
	Office sought Heath City Council Place 6	Office held Heath City Council Place 6
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Check if travel outside of Texas. Complete Schedule T. <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 Richard Krause	
	Office sought Heath City Council Place 6	Office held Heath City Council Place 6
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Check if travel outside of Texas. Complete Schedule T. <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 Richard Krause	
	Office sought Heath City Council Place 6	Office held Heath City Council Place 6

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