# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (8	Ethics Commission Filers)	2 Total pages filed: 4		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST KERMIT		мі <b>А</b>	OFFIGENSED NAMED		
TV-WILE	NICKNAME	KENNEDY		SUFFIX	Date Rocking		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	,	CITY; ST	ATE; ZIP CODE	A Land		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EX	TENSION	Date Hand-delivered or Date Postmarked		
PHONE	(936 )	676.8286			JUL 2 4 2023		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI			
	NICKNAME	LAST	***************************************	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I	NO PO BOX PLEASE); APT /	SUITE #;	CITY;	STATE; ZIP CODE		
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION			
9 REPORT TYPE	January 15	30th day before	e 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		
COVERED	1 /	1 / 23	THROUG	н 6	/ 30 / 23		
11 ELECTION	ELECTION DAT	TE		ELECTION TYPE			
	Month Day	Year Primar	y Runoff	Other Description			
	/ /	Genera	al Special	( <del></del>			
12 OFFICE	OFFICE HELD (if any) COMMISSI	ONER PCT. #		FICE SOUGHT (if known			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME  COMMITTEE TYPE						
	GENERAL -	COMMITTEE ADDRESS	***				
Additional Pages	SENEMAL .						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN T	REASURER ADDRE	ss			
GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1.5

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME KERMIT ADORN KEN	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	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)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 1,500.00		
18 SIGNATURE I sv requ	rear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information		
	Signature of Car	ndidate or Officeholder		
		STAGE OF STREET,		
	Please complete either option below	:		
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed I	pefore me by this the _	day of,		
20, to certify v	hich, witness my hand and seal of office.			
Signature of efficer administer	ng oath Printed name of officer administering oath	Title of officer administering oath		
(2) Unavious Dealership	OR			
My name is	A Kennedy, and my date of birth is  Bx 658 , Luftern, 7	8/18/6/ X 75902 Angelina		
Executed in Angelin	County, State of Texas, on the 24 day of July (month)	(country), 20 23. (year).		

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 FILER NAME KERMIT ADORN KENNEDY			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$ 1,500.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	\$		

### **LOANS**

### SCHEDULE E

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

			10 Total Autorit		
The	Instruction Guide explains how to o	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
KERMIT ADO	ORN KENNEDY	S (Editos Solitinosion Filoro)			
4 TOTAL OF UN	NITEMIZED LOANS	\$ 1,500.00			
5 Date of loan	7 Name of lender out-of	f-state PAC (ID#:)	9 Loan Amount (\$)		
12/11/2017	KERMIT ADORN KEN	750.00			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
□ Y ■ N	P O BOX 658 LUFK	IN TX. 75902	11 Maturity date		
	on / Job title (See Instructions)	13 Employer (See Instructions)	13 Employer (See Instructions)		
MAIL CLERK		ANGELINA COUN	TY		
14 Description of Coll	ateral	15 Check if paragraph for			
none		account (See Instruc	nds were deposited into political ctions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code	*		
not applicable	-13	State, Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of	f-state PAC (ID#:)	Loan Amount (\$)		
12/03/2021	KERMIT ADORN KEN	W 2000	750.00		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N	P O BOX 658 LUFKIN	N TX. 75902	Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fur	ado wore descrited into a live of		
none		account (See Instruc	Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL ander is out-of-state PAC, nlease se	COPIES OF THIS SCHEDULE AS NE ee Instruction guide for additional re	EDED		
- 107 OF 107	piodoc 30	a mondon guide for additional fi	eporting requirements.		