FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Paul Mr. M. NAME Date Received NICKNAME LAST SUFFIX Kenney 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE OFFICEHOLDER MAILING Hickory Creek TX 75065 10 Shore Haven Lane **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817 235-9944 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** Paul Mr. Μ. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Kenney STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE ZIP CODE CAMPAIGN **TREASURER ADDRESS** 10 Shore Haven Lane Hickory Creek TX 75065 (Residence or Business) PHONE NUMBER AREA CODE **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE (817 235-9944 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year Month Day Month COVERED THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Other Month Dav Year Description General Special 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Town Council Place 4 Town Council Place 4 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to comple	ete this form.			
		•• Complete only if "Report Type" on page 1 is man	rked "Final Report" ••			
-	1 C/OH NAME 1. C/OH NAME 1. C/OH NAME 2. Filer ID (Ethics Commission Filers)					
3		ATURE				
	design	ot expect any further political contributions or political expenditures in connect nating a report as a final report terminates my campaign treasurer appointme aign contributions or make any campaign expenditures without a campaign tr	nt. I also upderstand that I may not accept any			
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder.					
	A.	CAMPAIGN FUNDS				
	Chec	Check only one:				
		I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS				
	Chec	Check only one:				
	Transmission (I do not retain assets purchased with political contributions or interest or other income from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I unders that I may not convert assets purchased with political contributions or interest or other income from political contribution personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with requirements of Election Code, § 254.204.					
			Signature of Candidate			
5		CEHOLDER Implete this section <i>only</i> if you are an officeholder ••				
	•	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended cor an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contribution	ntributions if, after filing the last required report as political contributions, or assets purchased with			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mrs. Lynn C. Clark 16 Filer ID (Ethics Commission Filer						
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		0.00			
	4. TOTAL POLITICAL EXPENDITURES		0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct a	nd includes all information			
required to be reported by me under Title 15, Election Code.						
HA TO THE REAL PROPERTY OF THE PARTY OF THE						
	Signature of Ca	andidate or Office	ceholder			
Please complete either option below:						
(1) Affidavit	KRISTI K. ROGERS Notary Public, State of Texas Comm. Expires 09-09-2026 Notary ID 124294646					
NOTARY STAMP/SEA	L					
Sworn to and subscribed before me by Paul Kenney this the 13th day of May.						
20 24, to certify which, witness my hand and seal of office. Let the Rosers Town Secretary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
OR Design						
(2) Unsworn Declarati	on					
My name is, and my date of birth is						
My address is,,,						
Executed in		, , , , , ,	ode) (country)			
Everaged III	County, State of , on the day of (mont	h), 20_	(year)			
	Signature of Candi	date/Officeholde	r (Declarant)			