# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kenneth	B	OFFICE USE ONLY		
NAIVIE	NICKNAME	Schulzo	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	, , , , , , , , , , , , , , , , , , , ,	ecity: STATE: ZIP CODE	o'clock o'clock  Wimble County, Test		
	ADEA CODE	DUONE NUMBER	EVTENCION	ر اللح		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	459-7286	EXTENSION	Date Hand-Wilvered of Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Kenneth	MI S	Receipt # Amount Fee		
NAME	NICKNAME LAST SUFFIX Date Imaged					
7 CAMPAICH	STREET ADDRESS /	NO PO BOX PLEASE); APT / S	UITE #: CITY:	STATE; ZIP CODE		
7 CAMPAIGN TREASURER						
ADDRESS						
(Residence or Business)	70 10	000000000000000000000000000000000000000	10/10/1/x 100	, ,		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	020	1100 000				
PHONE	(830)	459-7286				
9 REPORT TYPE	January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	O7 /01/2023 THROUGH 12/31/2023					
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day Year Primary Runoff Other Description					
	13 /05	General General	Special			
	0) / 00 /	2001				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know			
	County Ca	mmissioner	rct. H County Com	missioner Pct. I		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

OAMI AIOI					
15 C/OH NAME Yenneth	Schulze	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)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ()			
	4. TOTAL POLITICAL EXPENDITURES	\$ 7500			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ . O			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$			
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.					
	Memel Sch	)			
	Signature of Ca	andidate or Officeholder			
	Places complete either entien below				
	Please complete either option below	v.			
(1) Affidavit					
NOTARY STAMP/SEA	L ;				
Sworn to and subscribed before me by this the day of,					
20, to certify which, witness my hand and seal of office.					
20, to certify	which, with 635 my field and 3card office.				
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaration					
My name is Kenneth Schulze , and my date of birth is 11/25/1992					
My address is 1888 KC 181 , Junction , Tx , 76849, Kinble					
16	(51.551)	state) (zip code) (country)			
Executed in hibble County, State of 7x , on the 16 day of January , 20 24 (year)					
Signature of Candidate/Officeholder (Declarant)					

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Et	hics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$ 75000			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 75000			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	1S \$			
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	С/ОН \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$ 0			

### LOANS SCHEDULE E

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

	The	1 Total pages Schedule E:					
2	FILER NAME Henne	th 3 Schulze	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	IITEMIZED LOANS	\$				
5	Date of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan Amount (\$)			
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
	Y N	1881 KC 181 Junctio	n. Tx 76849	11 Maturity date			
12	12 Principal occupation / Job title (See Instructions)  13 Employer (See Instructions)						
14	Description of Colla		Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Bringinal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
		Guarantor address; City;	State; Zip Code				
	not applicable						
Principal Occupation (See Instructions)			Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.