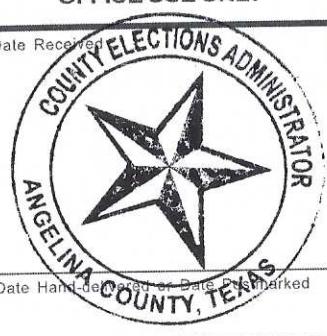


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <b>4</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>KERMIT</b>	MI <b>A</b>	<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Printed <b>JAN 09 2026 CR</b> Date Imaged		
	NICKNAME	LAST <b>KENNEDY</b>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <b>P O BOX 658 LUFKIN TX. 75902</b>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>(936 )</b>	PHONE NUMBER <b>676.8286</b>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>BETTIE</b>	MI <b>L</b>	SUFFIX		
	NICKNAME	LAST <b>KENNEDY-WATTS</b>				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  <b>257 RAINWOOD DR.</b>				STATE; ZIP CODE  <b>TX. 75901</b>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(936 )</b>	PHONE NUMBER <b>639.2927</b>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15		8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month <b>10</b>	Day <b>16</b>	Year <b>25</b>	Month THROUGH <b>12</b>	Day <b>31</b>	Year <b>25</b>
11 ELECTION	ELECTION DATE Month <b>3</b> / Day <b>3</b> / Year <b>26</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Description			
12 OFFICE	OFFICE HELD (if any) <b>COMMISSIONER PCT. # 2</b>			13 OFFICE SOUGHT (if known) <b>COMMISSIONER PCT. # 2</b>		
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.					
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME  
KERMIT ADORN KENNEDY

16 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)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
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	\$ 100.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 750.00

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.

*Kermit A. Kennedy*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is KERMIT ADORN KENNEDY, and my date of birth is 08/18/61.  
My address is 1901 SAYERS LUFKIN, TX. 75904, ANGELINA.

(street) (city) (state) (zip code) (country)

Executed in ANGELINA County, State of TEXAS, on the 9TH day of JANUARY, 2026.

*Kermit A. Kennedy*  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> KERMIT ADORN KENNEDY	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 750.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**LOANS****SCHEDULE E**

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 E: <b>1</b>
<b>2 FILER NAME</b> <b>KERMIT ADORN KENNEDY</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED LOANS</b>		\$ <b>750.00</b>
<b>5 Date of loan</b> <b>11/08/2025</b>	<b>7 Name of lender</b> <b>KERMIT ADORN KENNEDY</b>	<b>9 Loan Amount (\$)</b> <b>750.00</b>
<b>6 Is lender a financial Institution?</b> <input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	<b>8 Lender address;</b> <b>P O BOX 658 LUFKIN TX. 75902</b>	<b>10 Interest rate</b> <b>0.00</b>
		<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b> <b>COMMISSIONER PCT. # 2</b>		<b>13 Employer (See Instructions)</b> <b>ANGELINA COUNTY</b>
<b>14 Description of Collateral</b> <b>none</b>		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16 GUARANTOR INFORMATION</b>  <b>not applicable</b>	<b>17 Name of guarantor</b>  <b>18 Guarantor address;</b>  <b>none</b>	<b>19 Amount Guaranteed (\$)</b>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:  Lender address; City; State; Zip Code	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>		Interest rate
		Maturity date
<b>20 Principal Occupation (See Instructions)</b>		<b>21 Employer (See Instructions)</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <b>not applicable</b>	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		