


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		<b>OFFICE USE ONLY</b>  Date Received _____ Date Hand-delivered _____ Date Postmarked _____ Recd. _____ Date Processed <u>DEC 18 2025</u> Date Imaged <u>DEC 18 2025</u> <i>ETM</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>Kenneth</u>	MI <u>A</u>	
	NICKNAME _____	LAST <u>Kennedy</u>	SUFFIX _____	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify) _____	
<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input checked="" type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>1 / 1 / 24</u> THROUGH <u>10 / 15 / 25</u>			

6 EXPLANATION OF CORRECTION

I forgot to application fee on schedule E

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Kenneth Kennedy  
Signature of Candidate/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 Kenneth A. Kennedy, and my date of birth is 8/18/61.  
 My address is 1901 Sagers St., Lufkin, TX, 75904, Angelina.  
 (street) (city) (state) (zip code) (country)  
 Executed in Angelina County, State of TX, on the 18 day of Dec., 2025.  
 (month) (year)  
Kenneth Kennedy  
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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>														
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR <b>MR</b></td> <td style="width:33%; border-bottom: 1px solid black;">FIRST <b>KERMIT</b></td> <td style="width:33%; border-bottom: 1px solid black;">MI <b>A</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST <b>KENNEDY</b></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>		MS / MRS / MR <b>MR</b>	FIRST <b>KERMIT</b>	MI <b>A</b>	NICKNAME	LAST <b>KENNEDY</b>	SUFFIX	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin: 10px auto; width: 150px;">  <p style="font-size: 8px; margin: 0;">COUNTY ELECTIONS ADMINISTRATOR ANGELINA COUNTY, TEXAS</p> </div> <div style="font-size: 8px; margin: 5px 0;">                         Date Received _____                          Date Hand-delivered or Date Postmarked _____                          Receipt # _____ Amount \$ _____                          Date Processed _____                          Date Imaged <b>DEC 18 2025</b> </div>								
MS / MRS / MR <b>MR</b>	FIRST <b>KERMIT</b>	MI <b>A</b>															
NICKNAME	LAST <b>KENNEDY</b>	SUFFIX															
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:22%;">ZIP CODE</td> </tr> <tr> <td colspan="5"><b>P O BOX 658 LUFKIN TX 75902</b></td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>P O BOX 658 LUFKIN TX 75902</b>									
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<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td><b>257 RAINWOOD DR</b></td> <td></td> <td><b>LUFKIN</b></td> <td><b>TX</b></td> <td><b>75901</b></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>257 RAINWOOD DR</b>		<b>LUFKIN</b>	<b>TX</b>	<b>75901</b>				
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Month	Day	Year	THROUGH	Month	Day	Year											
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<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <div style="text-align: right; font-size: 8px;">Additional Pages</div>	<p style="font-size: 8px; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; vertical-align: top;">                 COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC             </td> <td style="border: 1px solid black; padding: 2px;">                 COMMITTEE NAME                   COMMITTEE ADDRESS                   COMMITTEE CAMPAIGN TREASURER NAME                   COMMITTEE CAMPAIGN TREASURER ADDRESS             </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS												
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GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME KERMIT A 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)	\$	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 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.

\_\_\_\_\_  
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 A. Kennedy, and my date of birth is 8/18/61.  
My address is 1901 Sagers St., Lufkin, Tx, 75901, Angelina.  
(street) (city) (state) (zip code) (country)  
Executed in Angelina County, State of Texas, on the 18 day of Dec, 20 25.  
(month) (year)  
Kermit Kennedy  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****KERMIT A KENNEDY****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
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>
2 FILER NAME <b>KERMIT A. KENNEDY</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>750.00</b>
5 Date of loan <b>11/08/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>KERMIT A. KENNEDY</b>	9 Loan Amount (\$) <b>750.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>P O BOX 658 LUFKIN TX. 75902</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>COMMISSIONER PCT. # 2</b>		13 Employer (See Instructions) <b>ANGELINA COUNTY</b>
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
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)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.		