	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME JEFFEY	Date reacher
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE: ZIP CODE 1889 FM 819 Lufkin TX 75901	AMERI
Change of Address CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 676-0374	Date Hand-Selive QUIN Date Destimarked
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; [889 FM 819 Lutur	STATE; ZIP CODE TH 75901
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 414-1835	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 01/01/2025 THROUGH 6/	Day Year 30 / 20 25
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) Angeling County Comm. Pict. 4)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T COMMITTEE TYPE COMMITTEE NAME	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	·	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s -0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	s) \$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 48,-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ 170, 10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	of the \$ 5,650.00
	swear, or affirm, under penalty of perjury, that the accompanying report is tr	rue and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	lbdp_	
	/ Signature etc	Candidate or Officeholder
	Please complete either option belo	W.
(1) Affidavit		
NOTARY STAMP/SEAU	L	
Sworn to and subscribed	before me by this the	e day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is Kenneth	1 Toff con	is 10-23-1957
My name is Nenauth	h L. Jettrey, and my date of birth	
My address is		
A	(street) (city)	(state) (zip code) (country)
Executed in <u>Hagelia</u>	<u>G</u> County, State of \underline{Texes} , on the $\underline{\mathcal{P}}$ day of \underline{O} (more (more constant))	o, 20 <u>25</u> . hth) (year)
	halp	
	Signature of Can	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

11	FILER NAME 20 Filer ID (Ethics Com Kennetl L. Jeffrey					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
з. [SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS		\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 48,00			
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 FU	NDS	\$			
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$			
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		and the second sec				
E	EXPEND	TURE C	ATEGORIES	FOR B	OX 8(a)	

		EXPENDIT	URE CATE	GORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Overhead/ Food/Beverage Expense Polling Expense / Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Gard Payment		The Instruction	Guide explain	is how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER I Keni		Teffrey			3 Filer ID (Ethics	Commission Filers)
4 Date	6 Payeer		enk				
6 Amount (\$)	7 Payee a	address;			City;	State;	Zip Code
48.00	2918	Brentwood	Dr.		Lushin	TA	75901
8	(a) Catego	ory (See Categories liste	ed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Acco	ounting, Ba	ak-ng		Service	Clarge	
	(c)	Check if travel outside o	f Texas. Complete S	ichedule T.	Check if Aust	Check if Austin, TX, officeholder living expense	
S Complete <u>ONLY</u> if direct expenditure to benefit C/O	Contraction of the second s	idate / Officeholder	name		Office sought		Office held
Date	Payee r	name					n tek several s
Amount (\$)	Payee a	address;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed	d at the top of this s	schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	(T. 1997) A 19	idate / Officeholder	name		Office sought		Office held
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed	d at the top of this s	schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O		idate / Officeholde	r name		Office sought		Office held
		TTACH ADDITIO	NAL COPIES	OF THIS	SCHEDULEASNE	EDED	Tagʻir se' biy paramata