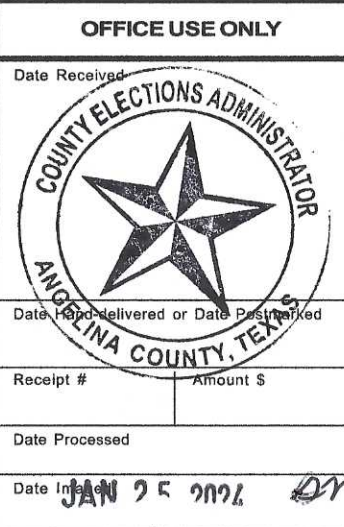


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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>3</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / <input checked="" type="radio"/> MR  | FIRST<br><b>Kenneth</b>               | MI<br><b>L</b>                |
|  | NICKNAME  | LAST<br><b>Jeffrey</b>                | SUFFIX                        |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;   | APT / SUITE #;                        | CITY; STATE; ZIP CODE         |
|  | <b>1889 FM 819 Lufkin, TX 75901</b>   |                                       |                               |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION                     |
|  | <b>(936)</b>  | <b>676-0374</b>                       |                               |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST                                 | MI                            |
|  | NICKNAME  | LAST<br><b>Jeffrey</b>                | SUFFIX<br><b>M</b>            |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;                        | CITY; STATE; ZIP CODE         |
|  | <b>1889 FM 819 Lufkin TX 75901</b>  |                                       |                               |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION                     |
|  | <b>(936)</b>  | <b>414-1835</b>                       |                               |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)   |                                       |                               |
|  | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)   |                                       |                               |
| 10 PERIOD COVERED  | Month   | Day                                   | Year                          |
|  | <b>7</b>  | <b>1</b>                              | <b>2023</b>                   |
| 11 ELECTION  | ELECTION DATE   |                                       | ELECTION TYPE                 |
|  | Month   | Day                                   | Year                          |
|  | <b>/</b>  | <b>/</b>                              | <b>/</b>                      |
| 12 OFFICE  | OFFICE HELD (if any)  |                                       | 13 OFFICE SOUGHT (if known)   |
|  | <b>Angelina County Comm. Pct. 4</b>   |                                       |                               |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages       | 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. |                                       |                               |
|  | COMMITTEE TYPE  | COMMITTEE NAME                        |                               |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                     |                               |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME     |                               |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                               |



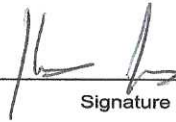
**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 -                                      |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ - 0 -                                      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ - 0 -                                      |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ - 0 -                                      |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 299. <sup>10</sup>                         |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 5,650. <sup>00</sup>                       |

**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 Kenneth Jeffrey, and my date of birth is 10-23-1957.  
 My address is 1889 FM 819, Lufkin, Tx, 75901, USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Angelina County, State of Texas, on the 14 day of January, 20 24.  
(month) (year)

  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

19 FILER NAME

*Kenneth Jeffrey*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |    |
|-----|---|----|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

*None*