APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

See CTA instruction Guide for detailed instructions.					1 Total pages filed:		
2	CANDIDATE	MS / MRS / MR		(9))	OFFICE USE ONLY		
-	NAME	Mr.	Kenneth		W.	FilerID #	
		NICKNAME			SUFFIX	Date Received	
		Ken	Smith				
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE: ZIP CODE	1	
į.	57	Redacted				Date Hand-delivered o	r Postmarkød
4	CANDIDATE PHONE	AREA GODE	PHONE NUMBER		EXTENSION	Recelpi #	Amount\$
		Redacted				Date Processed	
5	OFFICE HELD (if any)	N/A				Date Imaged	
6	OFFICE SOUGHT (If known)	San Felipe Del Rio CISD Board of Trustee, Place VI					
7	CAMPAIGN	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	TREASURER NAME	Mr.	Kenneth	W.	Ken	Smith	
8	CAMPAIGN	STREET ADDRESS;		APT / SUITE #	CITY;	STATE;	ZIP CODE
-	TREASURER STREET ADDRESS	Redacted				16 e - ²	
((residence or business)						
9 CAMPAIGN TREASURER		AREA CODE	PHONE NUMBER		EXTENSION		
)(PHONE	Redacted				2	
10	CANDIDATE SIGNATURE						
		I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and abor organizations.					
Š	14/26/24					124	
			Signature of Can	didate	/ ·	Date Signe	di 7
		1	GC	TO PAGE	E 2		

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FORM CTA

PG 1

	MODIFIED FORM DECLARATION	CTA pg 2				
11 CANE NAMI						
	FIED PRTING ARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING				
		•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••				
		•• The modified reporting option is valid for one election cycle only. (An election cycle includes a primary election, a general election, and any related runoffs.)				
		•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••				
		I do not intend to accept more than \$940 in political contributions or make more than \$940 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.				
		Year of election(s) or election cycle to which declaration applies Signature of Candidate				
	Th	is appointment is effective on the date it is filed with the appropriate filing authority.				
	TECI	Filers may send this form to the TEC electronically at <u>treasappoint@ethics.state.tx.us</u> or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070				
		Non-TEC Filers must file this form with the local filing authority) (DOINDT SEND TO TEC)				
		For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php				

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www.ethics.state.tx.us

Revised 1/1/2022

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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:						
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mir.	FIRST Kenneth	мі W .	OFFICE USE ONLY		
NAME	NIGKNAME Ken	last Smith	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; apt / suire #; c	CITY; STATE; ZIP CODE			
Change of Address	· · ·	E.C.				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST Kenneth	W.	Receipt # Amount \$		
NAME	NICKNAME	LAST	suffix	Date Processed		
	Ken	Smith	301-114	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / SI	JITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)	· · · · · · · · · · · · · · · · · · ·					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	a		
9 REPORT TYPE	January 15	30th day before G	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	X 8th day before also	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
	02	16 2024	THROUGH 04	26 / 2024		
11 ELECTION	ELECTION DAY Month Day $05 / 04$	TE Year Primary 2024 X General	ELECTION TYPE			
12 OFFICE	OFFICE HELD (If any) N/A		13 OFFICE SOUGHT (If known San Felipe Del Rio C	D) CISD Board of Trustee, Place VI		
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.					
COMMITTEL(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TRE	ASURER NAME			
. N.		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 F	iler 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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	Ý \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	Please complete either option below:	te of Officeholder
(1) Affidavit	MELISSA HUGHES NOTARY PUBLIC ID# 2093790 State of Texas Comm. Exp. 06-15-2024	
NOTARY STAMP/SEA		
		h A1]
	which, witness my hand and seal of office.	hday of,
Ullissuitz	us Melisshtrughes EREA	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
		· · · · · · · · · · · · · · · · · · ·
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on theday of (month)	
	Signature of Candidate/C)fficeholder (Declarant)
Forms provided by Tayoo Et	hics Commission www.ethics.state.tx.us	Revised 1/1/2024