

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: 10			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kenneth	MI T	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <p>Date Received 4/20/24</p> <p><i>City Secretaries Office</i></p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount \$</td> </tr> </table> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p>	Receipt #	Amount \$
	Receipt #	Amount \$				
NICKNAME Ken	LAST Sury	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; [REDACTED]	APT / SUITE #;	CITY; STATE; ZIP CODE Woodway TX 76712			
Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (254)	PHONE NUMBER 424-7365	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Pamela	MI R			
	NICKNAME Pam	LAST Watts	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; [REDACTED]		CITY; McGregor	STATE; ZIP CODE TX 76657		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 717-7102	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 4 / 5 / 24			THROUGH Month Day Year 4 / 25 / 24		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 24		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Council Member Ward 3, Place 1			
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	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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

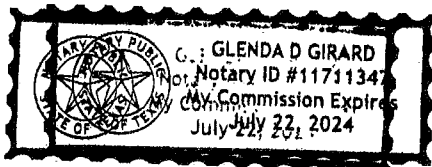
15 C/OH NAME Kenneth T Sury		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,146.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 751.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 343.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Kenneth T. Sury
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ken Sury this the 26 day of April, 2024, to certify which, witness my hand and seal of office.

Glenda Girard Glenda Girard Notary / HR / payroll
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Kenneth T Sury

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,300.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 846.95
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 751.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 4
2 FILER NAME Kenneth T Sury		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jeanette Lombardo	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code [REDACTED] Waco TX 76710	
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Farmer Veteran Coalition
Date 04/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Rick Tullis	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code [REDACTED] Woodway TX 76712	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cupar Creek LLC
Date 04/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Sherry DeHay	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code [REDACTED] Woodway TX 76712	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2024	Full name of contributor out-of-state PAC (ID#: _____) William Swartz	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [REDACTED] Woodway TX 76712	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: **4**

2 FILER NAME
Kenneth T Sury

3 Filer ID (Ethics Commission Filers)

4 Date
04/11/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
William Swartz

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] **Woodway TX 76712**

500.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
04/16/2024

Full name of contributor out-of-state PAC (ID#: _____)
Bruce Hamelin

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Woodway TX 76712**

20.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
04/17/2024

Full name of contributor out-of-state PAC (ID#: _____)
Janet Purdy

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Waco TX 76705**

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/18/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jonathan Hill

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Waco TX 76708**

25.00

Principal occupation / Job title (See Instructions)
Senior marketing communications specialist

Employer (See Instructions)
Baylor University

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: 4
2 FILER NAME Kenneth T Sury		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Bruce Allen	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code [REDACTED] Woodway TX 76712		
8 Principal occupation / Job title (See Instructions) Clinical psychologist		9 Employer (See Instructions) Central Texas Veterans Health Care System
Date 04/18/2024	Full name of contributor out-of-state PAC (ID#: _____) William Holman	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Woodway TX 76712		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/21/2024	Full name of contributor out-of-state PAC (ID#: _____) Kirsten Dietz Voinis	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Austin TX 78717		
Principal occupation / Job title (See Instructions) Communications consultant, owner		Employer (See Instructions) K. Voinis Communications
Date 04/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Marybeth Rohsner Abell	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [REDACTED] Colorado Springs CO 80919		
Principal occupation / Job title (See Instructions) Retired writer/editor		Employer (See Instructions) Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Kenneth T Sury		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2024	5 Full name of contributor Barbara Grandy <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code Woodway TX 76712	

8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions)
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Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Kenneth T Sury		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 846.95	
5 Date 04/12/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Storey Leigh Cook 7 Contributor address; City; State; Zip Code Woodway TX 76712	8 Amount of Contribution \$	9 In-kind contribution description 346.95
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions) Hanan Counseling	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Storey Leigh Cook Contributor address; City; State; Zip Code Woodway TX 76712	Amount of Contribution \$	In-kind contribution description 500.00
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions) Hanan Counseling	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Kenneth T Sury	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2024	5 Payee name Hole in the Roof Marketing, Inc.	
6 Amount (\$) 144.00	7 Payee address; 1125 Washington Avenue	City; State; Zip Code Waco TX 76701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Campaign buttons to wear at events
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/23/2024	Payee name Hole in the Roof Marketing, Inc.	
Amount (\$) 588.75	Payee address; 1125 Washington Avenue	City; State; Zip Code Waco TX 76701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Large 4x8 campaign signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/24/2024	Payee name Target	
Amount (\$) 6.48	Payee address; 5401 Bosque Blvd.	City; State; Zip Code Waco TX 76710
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Labels to be used on mailed postcards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Kenneth T Sury	3 Filer ID (Ethics Commission Filers)
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4 Date 04/24/2024	5 Payee name Wix.com Inc.
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6 Amount (\$) 12.25	7 Payee address; 100 Gannesvoort St.	City; New York	State; NY	Zip Code 10014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Transaction fees for donations made through Wix campaign website from 3/19/24 to 4/24/24
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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