#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY OFFICEHOLDER Mr. Kenneth T NAME NICKNAME SUFFIX LAST Sury Ken 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: STATE; ZIP CODE **OFFICEHOLDER** Woodway TX 76712 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (254)424=7365 PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR MI **TREASURER** Pamela Mrs. R Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Pam Watts STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # STATE; ZIP CODE 7 CAMPAIGN TREASURER McGregor TX 76657 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 254 717-7102 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year COVERED 15 24 26 24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Month Day Year Description General Special 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Council Member Ward 3, PI 1 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. 14 NOTICE FROM POLITICAL. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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	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)	\$ 196.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 507.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 66.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co	orrect and includes all information
	Please complete either option below:  DONNA BARKLEY  My Notary ID # 5533149	
(1) Affidavit	Expires November 20, 2028	
NOTARY STAMP/SEA  Sworn to and subscribed  20 2024 tocertify	Variable T Sicil	_ day of July. Lity Secretary / Wot
Signature of officer administe	ering oath Printed Jame of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat	on OR	
My name is	, and my date of birth is	
	and my date of smills	
	(street) (city) (state)  County, State of , on the day of (month)	
	(montn)  Signature of Candidate/O	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER Kenne	NAME th T Sury	20 Filer ID (Ethics Commission Filers)			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	196.16
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. SCHEDULE E: LOANS			\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	507.50	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		1 \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$		
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W  The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a category t	not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Kenneth T Sury		3 Filer ID (Ethics C	ommission Filers)	
4 Date 04/26/2024	5 Payee name U.S. Postal Service				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
265.00	424 Clay Avenue Waco TX 7670	6			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other	Postage expense / postcard postage			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		xpense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	C	office held	
Date	Payee name				
05/02/2024	Hole in the Roof				
Amount (\$)	Payee address;	City;	State;	Zip Code	
242.50	242.50 1125 Washigton Avenue Waco, TX 76701				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing expense	Postcard mai	ters		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas, Complete Schedule T.	Check if Au	stin. TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED		

# 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	Ξ		3 Filer ID (Ethics Cor	mmission Filers)	
Kenneth	T Sury				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	Contribution \$	9 In-kind contribution description	
04/30/2024		Zip Code	196.16	mailers	
	TX 767	'12	Check if travel outsi	e of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  11 Employer (FOR NON-JUDICIAL) (See Instructions)  12 retired				AL)(See Instructions)	
•			utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law fire			n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code		 	
			Check if travel outs	side of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Emplo			yer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL) Co		Contrib	ributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law			rm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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