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 C	ommission Filers)	2 Total pages fi	ed: 5
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR .	FIRST Kenneth		MI T	OFFICE	USEONLY
NAME	NICKNAME Ken	LAST Sury	***************************************	SUFFIX	Date Received	v 0.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		city; state; podway TX	ZIP CODE 76712	W.1500 City Sec	establist .
Change of Address		and the second september of the second section of the second second second second second second second second		· Marchaellach Arabhashashashashashashashashashashashashash		
5 CANDIDATE/ OFFICEHOLDER PHONE	(254)	PHONE NUMBER 424-7365	EXTENSI	NC	7-15-	or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR Mrs.	FIRST Pamela	المنظمة	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	,	SUFFIX	Date Processed	
	Pam	Watts			Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	CITY;	harring general and a graph of the property and a second state of the language data and a discussion of the	STATE;	ZIP CODE
ADDRESS (Residence or Business)	McGregor			TX	76657	
8 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 717-7102	EXTENSI	NC		
9 REPORT TYPE	functional.	Postoneries.	Salescustand.	tillykar denne fallend germa parasjölne þákk hapsfarðugg einn av seng eins eighen ei	grandovskie,	
	January 15	30th day before	Programa 3			fter campaign appointment er Only)
	July 15	8th day before el	VVIIVII :	eeded Modified orting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 16 / 25	THROUGH	Month 7	Day Yee / 15 / 25	
11 ELECTION	ELECTION DA	TE Year Primary	Runoff	ELECTION TYPE	-	
	5 /4 /	24 General	Special	Description	1	
12 OFFICE	12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)				***************************************	
	Woodway City	Council Ward 3, Place	9 1	The state of the s	······································	
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
JOONNATT LEG	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS		and the second	nd space of goldsom is because the space of	
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS			**************************************
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	I FINANCE REPORT	SOVER SHEET FG 2			
15 C/OH NAME Kenneth 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) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLED THAN PLED THE PROPERTY OF THE P	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 376.71			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 66.52			
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD 	HE \$			
1	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	Kenneth T.	for the same of th			
	Signature of Cand	idate or Officeholder			
	Please complete either option below:				
CAROLYN UECKERT Selection of Texas					
(1) Affidavit Notary ID 134030715					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by Kenneth Sury this the 15 day of July.					
20 25, to certify which, witness my hand and seal of office.					
of As	Carolyn Ueckert	Deputy court clerk			
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				
	, and my date of billins				
		te) (zip code) (country)			
Executed in	County, State of , on the day of(month)	20			
	Signature of Candidat	te/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	RNAME 20 Filer ID (Ethics Commission Filers c nneth Sury		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$.
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	- The state of the	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	arma umperioritativa internativa prijetista internativa prijetista kara a suma prijetista prijetje prijetje pr	\$ 376.71
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Qut Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: Kenneth T Sury 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 CREDIT CARD Name of financial institution ISSUER Capital One **6 PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid s 376.71 02/22/2025 02/22/2025 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Wix.com Inc. New York NY 10014 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Other Website charge Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH Kenneth Sury Woodway Ward 3, PI 1 **PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office Sought Office Held expenditure to benefit C/OH **PAYMENT** (b) Date Expenditure Charged (a) Amount Charged (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office Sought Office Held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com

Reset Form

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Reset Page

Revised 1/1/2025



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

TE		OFFICE USE ONLY
AFFIDAV CANDIDATE OR C ELECTRONIC FILI	Date Received O. Barkley City Secretary	
An exemption affidavit must be eginning on January 1, 2025, a candidate or officehol 33,910 in political contributions or made more than \$ any calendar year must file all subsequent reports e	33 910 in political expanditures	Date Hand-delivered or Date Postmarked Receipt # Amount\$
Kenneth T Sury	Filer ID#	Date Imaged
I swear or affirm that I have not accepted momore than \$33,910 in political expenditures in I further swear or affirm that I do not use componential contributions, political expenditures, or personal further swear or affirm that no person acting contract, uses computer equipment to keep dexpenditures, or persons making political contributions, or persons making political contributions or political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures in a cal records of political contributions, political expenditures. I am filing this affidavit with the	n a calendar year. Inputer equipment to keep curre as making political contribution as my agent or consultant, an current records of political contratributions to me. I am required to file my campa a person with whom I contract of lendar year, or uses computer enditures, or persons making proper filed with each campaign final	nt records of political as to me. d no person with whom I ributions, political aign finance reports exceeds \$33,910 in political equipment to keep current political contributions to me.
NOTARY STAMP/SEAL	Kenneth	ture of Filer
orn to and subscribed before me by <u>Kenneth Si</u>		5 day of Deputy Court Clerk Title of officer administering oath

OFFICE LICE ONLY

				Date Processed			
F	Kenneth T Sury	Filer ID #		Date Imaged			
1.	I swear or affirm that I have not accepted more than \$33,910 in political expenditures	ore than \$33,910 in in a calendar year.	political con	contributions or made			
2.	further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.				olitical		
3.	I further swear or affirm that no person actin contract, uses computer equipment to keep expenditures, or persons making political co	g as my agent or co	neultant an	d no norcon w	ith whom I cal		
4.	I further swear or affirm that I understand that electronically if I, my agent or consultant, or contributions or political expenditures in a carecords of political contributions, political expenditures.	at I am required to fi a person with whon alendar year, or use	n I contract e	exceeds \$33,9°	10 in political		

NOTART STAMF / SEAL				V	
Sworn to and subscribed before me by 20 25, to certify which, witness my hand Signature of officer administering oath	and seal of office. Carolyn U	eckert	s the <u> </u> 5	_ day of _	July
orginature of officer administering bath	Printed name of officer admi	nistering oath		Title of officer	administering oath
	OR				
(2) Unsworn Declaration					
My name is		and my date of bi	rth is		
My address is		,	-	***************************************	·
(street)	1	(city)	(state)	(zip code)	(country)
Executed in County, State	of, on the	day of		, 20	
			(month)	(year)	
	-	Sig	nature of File	er (Declarant)	
FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER					

5. I am filing this affidavit with the

(1) Affidavit