#### 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. MS / MRS / MR 3 CANDIDATE/ М OFFICE USE ONLY **OFFICEHOLDER** D Kenneth NAME Date Received NICKNAME SUFFIX wells 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE OFFICEHOLDER MAILING **ADDRESS** Victoria tx mgo1 139 Sherwood B Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (361) PHONE 212-4580 Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged Valde2 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY-CAMPAIGN STATE; ZIP CODE TREASURER **ADDRESS** 506 8. Forrest Victoria 77901 TX (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE (341) 476-3077 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Month COVERED **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Runoff Other Month Year Description Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) ounty Commissioner 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	(OTHER THAN OR \$					
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEE)	\$ 800.00				
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 391.91				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A     OF REPORTING PERIOD	AS OF THE LAST DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	G LOANS AS OF THE \$				
Please complete either option below:  (1) Affidavit  MARIBEL FOOTE Notary Public						
NOTARY STAME		this the 27th day of February.				
20 29, to certify Marfel	which, witness my hand and seal of office.  THE POSTE	NOTARY				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
	, and my c	Jake of Diffu is				
My address is						
	(street) (city					
Executed in	County, State of , on the	day of, 20 (month) (year)				
	Signa	ature of Candidate/Officeholder (Declarant)				

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 800.00
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	unds \$ 391,91
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBETO FILER	JTIONS RETURNED \$

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 Candidate/Officeholder/Politi Credit Card Payment		Legal Service	ge Expense Memorials Expense es	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Trai Trai Trai Oth	vel In District vel Out Of Distric	ment & Related Expense
		ine instr	uction Guide expla	ins now to c	complete this form	l.		
1 Total pages Schedule G:	2 FILER NA		D. Well	ζ		3 F	iler ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne				energe energy energy energy en		
2-6-24			Design In	70.				
6 Amount (\$)	7 Payee add	iress;			City;		State;	Zip Code
Reimbursement from political contributions intended	4002	North	Main St.	Suite	victor	12	ΤX	77901
8 PURPOSE	(a) Category	(See Categorie	s listed at the top of this	schedule)	(b) Description			
OF EXPENDITURE	Adve	rtising	Expense		T-Shi	13		
	(c) (c)	Check if travel out	side of Texas. Complete S	chedule T.	Check if	Austin, TX, of	fficeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officel	nolder name		Office sought			Office held
Date	Payee nan	ne						
2-9-24	The	UPS	store					
Amount (\$)	Payee add	iress;			City;		State;	Zip Code
Reimbursement from political contributions intended	1709	6 N M	Javamo s	+	Victor	ia	tx	77901
PURPOSE	Category	(See Categorie	s listed at the top of this	schedule)	Description			
OF EXPENDITURE	Adv	ertisin	2 Expens	e	color	copie	5	
		theck if travel out	side of Texas. Complete S	chedule T.	Check if	Austin, TX, of	fficeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeh	older name		Office sought			Office held
Date	Payee nan	ne			*			
2-14-24	The	UP5	store					
Amount (\$)	Payee add	ress;			City;		State;	Zip Code
Beimbursement from political contributions intended	1700	6 N.	Navaro "	st.	Victoria	<b>ن</b>	77	77901
PURPOSE	Category	(See Categories	listed at the top of this	schedule)	Description			
OF EXPENDITURE	Adve	rtising	Expunse		color	copies	5.	

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

	EXPENDITURE CATEG	FORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Kenneth D well	5	
4 Date 2-15-24	5 Payee name United States Postal S.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Wart 2804 Sam House	ton Dr Victoria	a ty 17904
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE	Advertising Expense	Postage	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-14-24	Pens. Com		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	342 Shelbyrille Mills	Road Shelbyville	L TN 37140-0189
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	
OF EXPENDITURE	Advertising Expense	Pens	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought	Office held
Date	Payee name	*	-
2-15-24	Kurtz Printing Con	rpany	
Amount (\$)	Payee address;	City;	State; Zip Code
# 59. %   Fighthousement from political contributions intended	110 Pin Oak Ct.	Victoria	TX 77901
PURPOSE	Category (See Categories listed at the top of this scho	edule) Description	
OF EXPENDITURE	Advertising Expense	flyers	
	Check if travel outside of Texas. Complete Scher		FX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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 B:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Y	-eaneth D. Wells				
	UNITEMIZED PLEDGES	•			
TOTAL OF	ONTENIZED FLEDGES	\$			
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution		
	Marx E. Zafereo	or rieuge \$	description		
1-20.24	7 Pledgor address; City; State; Zip Code	\$ 200.00			
1- 60, 01	Lack Convince De Williams		1		
	125 Kreekiew Dr Victoria TX May	Check if travel outs	<ol> <li>de of Texas. Complete Schedule T.</li> </ol>		
10 Principal occu	pation / Job title (See Instructions) 11 Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount	In-kind contribution		
	Mark E. Zafereo	of Pledge \$	description		
214-24	Pledgor address; City; State; Zip Code	4200 0-			
		\$300.00			
	125 Krukricu Dr Victoria TX 77904	Check if travel outs	I.  ide of Texas, Complete Schedule T.		
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of	In-kind contribution		
	Jim Dennifer Hartman	Pledge \$	description		
1-23-24	Pledgor address; City; State; Zip Code	\$100.00			
•	310 Acaral A David TV 7760	7 700.00			
· • :	310 Creekinge Dr Victoria TX 77904	Check if travel outsi	I . ide of Texas. Complete Schedule T.		
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description		
	Jessica Helms	Pleage \$	description		
2-14-24	Pledgor address; City; State; Zip Code	\$200.00			
•	121 Clint Day Victoria TX 77904	200.00			
-	121 Flint Rock Victoria X 77904	Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)			
			,		
ATTACHA PRITONAL CONTROLO STANO CONTROL					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					