CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR M (,	Kenny		R	OFFICE USE ONLY		
NAME	NICKNAME	Howel)		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	SIIL CR	APT/SUITE#: 0	CITY; STAT		L MOZ.		
Change of Address					A ECS		
5 CANDIDATE/ OFFICEHOLDER PHONE	(8/7)	PHONE NUMBER 925-348	21	ENSION	Date Hand-delivered or Cate Postaniked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR M/S,	TaNa		Ğ	Date Processew X		
	NICKNAME	Howel	/	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S		deson	TX . 76028		
	AREA CODE	DUONE NUMBER	FVT	- NCION	, , , , , , , , , , , , , , , , , , , ,		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	/	ENSION			
PHONE	(817) 228-6334						
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	15 / 23	THROUGH	Month	15/24		
11 ELECTION	ELECTION DA	ΓE		ELECTION TYPE			
	Month Day	Year Primary	Runoff	Other Description	Date Received Date Received Date Received Date Processes Date Imaged STATE; ZIP CODE Treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Day Year Date Stroke St		
	1	General General	Special				
12 OFFICE	County (mmissioner	13 OFF	ICE SOUGHT (if knowr)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S			
		до то	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

0, 11111, 11101			870	
15 C/OH NAME	nny b	fowell		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PL		CAL CONTRIBUTIONS (OTHER THA RANTEES OF LOANS, OR ECTRONICALLY)	s O
		TAL POLITICAL CONTE HER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	s) \$ O
EXPENDITURE TOTALS	3. TO	FAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$ <i>O</i>
	4. TO	TAL POLITICAL EXPEN	DITURES	\$ 120.00
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIB REPORTING PERIOD	UTIONS MAINTAINED AS OF THE L	* 2743,32
OUTSTANDING LOAN TOTALS	The second secon	TAL PRINCIPAL AMOUNT BT DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE. \$
18 SIGNATURE s	swear, or affirm,	under penalty of perjury,	that the accompanying report is to	rue and correct and includes all information
THE COOK CONTRACTOR INCIDENT		orted by me under Title 15,		/
				//
			Derkk	puel-
			Signature of C	Candidate or Officeholder
			l	
		Places com	plete either option belo	2747
		r lease com	piete either option beio	
	STERRICAL STREET	EDDIE WIIVIEO		
19	, 10 M	DEBBIE KUKLIES y Public, State of Texas		
(1) Affidavit	W/ N	lotary ID 1054898-1		
(1) Amdavit	My Co	mmission Exp. 06-10-2024		
			•	
NOTARY STAMP/SEA	L			
			,	e 16 day of January
20 24 , to certify	which, witness r	ny hand and seal of office.		
1) abbre	Kukhi	φ		Notary
Signature of officer administe	ering oath	Printed name of o	officer administering oath	Title of officer administering oath
A BANKS A			OR	
(2) Unsworn Declaration	on			
F 200				
773				is
My address is		INCOME AND ADDRESS OF THE ADDRESS OF		
		(street)	(city)	(state) (zip code) (country)
Executed in	0	L. DI-1		20
	Coun	ty, State of	, on the day of (mor	nth) , 20 (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers)	
SUBTOTAL AMOUNT	
\$	
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s 120.00	
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н \$	
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (page 2015)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Office (errice a category not listed abo	146)
Total pages Schedule F1:	2 FILER NAME KENNY Howell		3 Filer ID (Ethics Commission	Filers)
Date 15 23	5 Payee name SCTT,		·	
120.00	7 Payee address; BurleSCN	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY 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 Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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 Austin	n. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	