FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR	FIRST	MI	OFFICE USE ONLY	
NAME	NIGKNAME	LAST Sm. H	SUFFIX	Date Received Houston County Elections	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city: STATE: ZIP CODE	FEB 0 6 2024	
Change of Address			1 20 2	है हे हिस्से आ Blast s & Error en-	
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER 546-4250	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	Smith			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S	The second second	STATE; ZIP CODE	
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE		222 - 4180			
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 12-	Day Year / [3 / 2-3	THROUGH 2	Day Year / 5 / 2-4	
11 ELECTION	ELECTION DAY Month Day	Year Primary	ELECTION TYPE Runoff Dother Description Special		
12 OFFICE	OFFICE HELD (If any)	ble Potz	13 OFFICE SOUGHT (if known	Petz	
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE OF SUCH EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNO CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXP				DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
(_,	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
GO TO PAGE 2					

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Kenneth Smith	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)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4			
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ TO			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
1	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	VACONO DE LA CONTRACTOR				
	Signature of Ca	ndidate or Officeholder			
	olginatio of ou	Madate of Officerolasi			
	Please complete either option below	/ :			
<u>,</u>					
N S	ON RENAY LUKER COTARY PUBLIC P				
1/1/ Affictabut /	m. Expires 03-31-2026				
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by Shakun Renay Luker this the	6 day of February,			
20 Algo, to certify	which, witness my hand and seal of office.	- /			
Studen!	Renay Kulu Shaeon Renay Luker	Dutary			
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				
My address is		,			
		state) (zip code) (country)			
Executed in	County, State of , on the day of(month	, 20 <u>(year)</u> .			
	Signature of Candid	date/Officeholder (Declarant)			

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	, MI	OFFICE	USE ONLY
TV WIL	NICKNAME	Svn. L	SUFFIX	Date Received Houston	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	S; APT/SUITE#; (CITY; STATE; ZIP CODE Crockett 1x 75835		2 4 2024
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(436)	946 - 425	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS (MRS) MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	Snith			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE#; CITY: inkett / 1x 7583	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE		222-4180	EATENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	11,	14/2023	THROUGH 12	/31/2	3
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3/5/	24 General	Special		
12 OFFICE	OFFICE HELD (if any)	He Pet >	13 OFFICE SOUGHT (if known	Po+ >	
14 NOTICE FROM POLITICAL	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.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	RED TO REPORT THIS INFORMATION ONLY IF T	HEY RECEIVE NOTICE OF	SUCH EXPENDITURES.
	,				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
GO TO PAGE 2					

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 🛆
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	KZOK	
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	/ :
		
TARY	SHARON RENAY LUKER	
	NOTARY PUBLIC STATE OF TEXAS	
(1) Affidavit	ID#12560644-1	
OF OF	My Comm. Expires 03-31-2026	
NOTARY STAMP/SEA	-	
Sworn to and subscribed	before me by Sharon Renay Linker this the	24 day of January,
20 24, to certify	which, witness my hand and seal of office.	,
Shown Rina	y Luky Shanon Renay Luker	notary
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of (month	, 20
	(month	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	e CTA Instruction Guide for detailed instructions.	1 Total pages filed	d:		
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	1/ 1. 13	Filer ID #			
	Renneth		County Elections		
	NICKNAME LAST SUFFIX	Date Received	Joanny Lieumona		
	Kens Smith	OCT	1 6 2023		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	RECEIVED			
	609 n. 6th Crockett Tx 75835	Date Hand-delivered o	r Postmarked		
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt#	Amount \$		
	(936) 546-4256	Date Processed			
5 OFFICE HELD (if any)	Constable Pet 2	Date Imaged			
6 OFFICE SOUGHT (if known)	Constable Pat 2				
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	LAST	SUFFIX		
	Mrs Jeri L Smith				
8 CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT / SUITE #; CITY;	STATE;	ZIP CODE		
(residence or business)	6009 N. 6th Crockett. (x	758	35		
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
PHONE	(936) 222-4180				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	xas Governm	nent Code.		
	I am aware of my responsibility to file timely reports as the Election Code.	required by	title 15 of		
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	ode on contri	ibutions		
	Signature of Candidate	5 - (6 - 2 Date Signed			
	Signature of Candidate	Date Signet			
GO TO PAGE 2					