		CEHOLDER		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS NICKNAME	Kendal Workme	Mi Suffix	OFFICE USE ONLY Date Received FILE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	(; APT / SUITE #,	CITY, STATE, ZIP CODE Jewettty, 75846	8:410M FEB 12 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 392 - 92		LEON COUNTY, VEXAS
6 CAMPAIGN TREASURER NAME		LAST	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / 1	Jewelt	STATE ZIP CODE TX 75846
CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month	Day Year 16 24	THROUGH 2	Day Year 5/24
M ELECTION	ELECTION DA Month Day 35	Year Premary 24 General	Description	
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Tak Assesso	or-Collector
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFR CONSENT. CANDIDATES COMMITTEE TYPE	CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT NOATE'S OF OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES,
Additional Pages		COMMITTEE ADDRESS		
	1	GO TO	PAGE 2	

•

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 File	r ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	PLEDGE	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES. LOANS. OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		'HAN	\$ 0			
		OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$				
EXPENDITURE TOTALS	3. TOTAL U	TOTAL UNITEMIZED POLITICAL EXPENDITURE			s 6			
	4. TOTAL F	POLITICAL EXPENDITU	\$ Ô					
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH BALANCE OF REPORTING PERIOD					\$ 0			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF AL Y OF THE REPORTING PE	L OUTSTANDING LOANS A ERIOD	S OF THE	\$ 6			
Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit								
NOTARY STAMP/SEA Swom to and subscribed 20, to certify	before me by	nd and seal of office.	this	the	_ day of,			
Signature of officer administe	ring oath	Printed name of officer a	idministering oath		Title of officer administering oath			
		OR						
(2) Unsworn Declaration	on							
My name is Kenc My address is	al Worl	Cman	, and my date of birt <u>Jaw at</u> (city)	th is 09 (state)	105/2002 (zip code) (country)			
Executed in <u>ALCO</u>	County, Sta	ate of CKAS	Karlalh	eb Dován Dován	, 20 24 (year)			