

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 Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST KENNETH	MI W	OFFICE USE ONLY Date Received MAY 21 2024 <i>Hand delivered</i> Date Hand-delivered or Date Postmarked <i>May 21, 2024</i> Receipt # <input type="text"/> Amount \$ <input type="text"/>				
	NICKNAME KENNY	LAST TYSON	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: PO BOX 380		APT / SUITE #:	CITY: PLAINS	STATE: TX ZIP CODE 79355			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 215-6603	EXTENSION					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST KENNETH	MI W	Date Processed <i>5-21-2024</i> Date Imaged				
	NICKNAME KENNY	LAST TYSON	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 710 1ST STREET		APT / SUITE #:	CITY: PLAINS	STATE: TX ZIP CODE 79355			
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 215-6603	EXTENSION					
9 REPORT TYPE	<input type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/>	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month /	Day /	Year /	THROUGH		Month /	Day /	Year /
11 ELECTION	ELECTION DATE Month Day Year / / /		ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description <input type="checkbox"/> General Special _____					
12 OFFICE	OFFICE HELD (if any)				13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 TYPE GENERAL SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME KENNETH W. TYSON	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 0.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

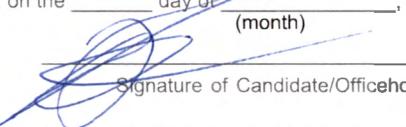
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is KENNETH W. TYSON, and my date of birth is 07/11/1982.
 My address is 710 1ST STREET, PLAINS, TX, 79355, US.
 (street) (city) (state) (zip code) (country)
 Executed in YOAKUM County, State of TEXAS, on the 21ST day of MAY, 2024.
 (month) (year)


Signature of Candidate/Officeholder (Declarant)