#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 FIRST 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY OFFICEHOLDER R KENNETH NAME Date Received LAST SUFFIX NICKNAME RLEY Received by email 10/26/2020 4 CANDIDATE / STATE: ZIP CODE ADDRESS / PO BOX; APT / SUITE #: CITY: STILLINGTON DE HOUSEN, TK OFFICEHOLDER 12923 Viriana Sellion 7705 MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ OFFICEHOLDER Date Hand-delivered or Date Postmarked (832) 435-1348 PHONE Receipt # Amount \$ MS / MRS / MR FIRST МΙ 6 CAMPAIGN TREASURER Ears H Date Processed NAME NICKNAME LAST SUFFIX Date Imaged ESPARZA STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER 10609 Norvic HOUSTON TX 7029 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (28) 221-1333 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Dav Year COVERED 10/ 26/2020 THROUGH **11 ELECTION** ELECTION DATE ELECTION TYPE Primary Runoff Other Month Day Year Description General $\Pi$ Special 03 20 ISP BoneD the 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) CISD Pos #5 N/L

GO TO PAGE 2

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

			· · · · · · · · · · · · · · · · · · ·				
14 C/OH NAME	ENNATH	R. WINBURY	Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S) 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	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS   1.   TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ \$				
	2. TOTAL (OTHER	\$ \$					
EXPENDITURE TOTALS	\$ 1040 22						
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$ 1960 °				
OUTSTANDING LOAN TOTALS	100 BUC 0. 000 BC	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	" <sup>■</sup> \$ \$				
18 AFFIDAVIT							
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.							
MARILYN W. LEWIS My Notary ID # 125469697 Expires October 21, 2021							
AFEIX NOTABLY STANE (SEAL APONE							
Sworn to and subscribed before me, by the said Kenneth R. Wimbley, this the							
Sworn to and subscribed before me, by the said <u><b>MENDEND</b></u> , this the, this the, this the, day of <u>26001</u> , 20 <u>20</u> , to certify which, witness my hand and seal of office.							
Marilyn W. Rewis Marilyn W. Lewis Office Manager							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

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Revised 1/1/2020

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1040
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex y Gift/Awards/Memorials Expense Printing Ex I Committee Legal Services Salaries/W	Apense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)					
	The Instruction Guide explains how to c	complete this form.					
1 Total pages Schedule F1: -2-	2 FILER NAME KENNETH R. WING	3 Filer ID (Ethics Commission Filers)					
4 Date 10/23/20 5 Payee name VERONICA JONES							
6 Amount (\$)	7 Payee address;	City; State; Zip Code					
\$180 °	201 N. CAROLINA	HOUSTON TX 77029					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	CONTRACT LABOR	Warkath Pour Lantians CIVING OUT DUSH CAMPS.					
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/OI	KENHBERTH R. WINDER	Posts GPISD					
Date	Payee name						
10/23/20	SHANRL CARTER	-					
Amount (\$)	Payee address;	City; State; Zip Code					
160 001	551 LA RIVIRIES	DR HOUSENTY 22015					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		WORKING POLL LOCATIONS					
EXPENDITURE	CONTRACT LABOR	GIVING OUT PUBH CARDS					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidata / Office halder name						
	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/OF							
Date	1						
	KENNRTH R. WINNER	7 Post 5 GrPISD					
Date	Payee name	7 Post 5 GrPISD					
Date	Payee name COURTHRY LATLLISH	7 Poost 5 GrPISD					
Date 10/23/20 Amount (\$)	RENNIGIA R. WINGLAS Payee name COURTHRY LAPLLISM Payee address;	City; State; Zip Code HOSPETON TY 72 049 Description					
Date Date Date Amount (\$) PURPOSE	KENMRTH R. WINSCR'   Payee name   Courtury William   Payee address;   6367 NorthPost Dz   Category (See Categories listed at the top of this schedule)	7 POTAT 5 GRPISD S City; State; Zip Code HOUSTON TY 77047					
Date 10/23/20 Amount (\$) 130	Payee name COURTURY LAPLLISM Payee address; 6367 NORTHPORT DR	City; State; Zip Code HOSPETON TY 72 049 Description					
Date Date Date Amount (\$) PURPOSE OF	KENMRTH R. WINSCR'   Payee name   Courtury William   Payee address;   6367 NorthPost Dz   Category (See Categories listed at the top of this schedule)	City; State; Zip Code HOSSTON TY 77047 Description WORKWY POLL LOCATIONS					
Date Date Date Amount (\$) PURPOSE OF	KENNRTH R. WINSCR'   Payee name   Courtury Within   Payee address;   6367 Northpost Dz   Category (See Categories listed at the top of this schedule)   Courtpact Labor	7 POST 5 GrPISD S City; State; Zip Code HOSSTON TY 77049 Description WORKWY POLL LOCATIONS GIVING OUT POST CLEDS					
Date Date Date Amount (\$) PURPOSE OF EXPENDITURE	KENNRTH R. WINSCR'   Payee name   Countrat Malling   Payee address;   6367 Nonthpost Da   Category (See Categories listed at the top of this schedule)   Countrate Malling   Check if travel outside of Texas. Complete Schedule T.   Candidate / Officeholder name	Posst S GrPISD   S   City; State; Zip Code   Hasston Ty 77 049   Description   Description <t< td=""></t<>					

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Revised 1/1/2020

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

		· · · · · · · · · · · · · · · · · · ·						
EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
Cieux Calur ayment	The Instruction Guide explains how to co	mplete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name							
10/6-10-23	GIRISPUD MART	INEZ						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
540 -2	369 FRISEPONT ST H	HELECO	77015					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE	WOORLING POUS LOCATIONS							
OF EXPENDITURE	CONTRACT LAbor	Carring	DUT PUBH GARDS					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held					
expenditure to benefit C/OF	KEENWEITH R. WINBLRY	Pes #	5 GPISD					
Date	Payee name							
10/16/20	ROBENT DOURS JE	2						
Amount (\$)	Payee address;	City;	State; Zip Code					
80 *	201 N. CARCHINA	Howard	174 77029					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE		Leson Luci	Pous Locarous					
OF EXPENDITURE	CONTRACT LABOR	GUININ	OUT PUSH CAUDS					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held					
expenditure to benefit C/OF	KRONKER R. WILKLIN	1 Pos	=#5 GPISD					
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE								
OF EXPENDITURE	· · · · · ·		·					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held								
expenditure to benefit C/OH								

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED