# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Con	nmission Fllers)	2 Total pages filed	6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Sherry.	,	мі Д.	OFFICE U	ISE ONLY
	NICKNAME	Kersh		SUFFIX		i.e.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOK	756 Bra:	enty; state; TX	ZIP CODE	JOYCE HUD BY LERK, BRAZ	MAN, ORIA CO., TEXAS LDEPUTY
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	285-5462	EXTENSION	1	Date Hand-delivered of Receipt #	r Date Postmarked Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	<sub>FIRST</sub> Ken		MI	Date Processed	ninount o
MANAGE	NICKNAME	COR/ey		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SI	JITE #; CITY;	- &	STATE;	ZIP CODE
TREASURER ADDRESS	514 5.	FM 521	Bruzon	eia	TX	77422
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (979) 2	PHONE NUMBER 735-9576	EXTENSION	1		
9 REPORT TYPE	January 15	30th day before e	lection Runof	f	15th day after treasurer app (Officeholder	olntment
	July 15	8th day before ele	OUOH [ ]	ded Modified ting Limit	Final Report (	Attach C/OH - FR)
10 PERIOD COVERED	Month Of	Day Year / 01 / 2024	THROUGH	Month O G	Day Year / 30 / 24	
11 ELECTION	Month Day	Year Primary		Other Description		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SO	UGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS SEHOLDER, THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	MAY HAVE BEEN MADE WIT	THOUT THE CAND	IDATE'S OR OFFICEHOLDI	ER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRI	EASURER ACCRESS			
		GO TO	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		\$ C	)
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	s) \$ C	)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ (	)
	4. TOTAL POLITICAL EXPEND	ITURE\$	\$ 200	05.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY \$ 32,	096.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS G PERIOD	OF THE \$ 0	
ret	quired to be reported by me under Title 15, E	Sheny	_ Kensh	
	Please comp	lete either option belo	ow:	
(1) Affidavit	KATY BENAVIDES Notary Public-State of Texas Notary ID #12964664-0 Commission Exp. DEC. 06, 2025			
NOTARY STAMP/SEA Sworn to and subscribed		ersh this th	e 15 day of	July .
2.1	which, witness my hand and seal of office.	2	0 au, u	
Signature of officer administra	oring oath Printed name of off	Sena voes icer administering oath	Title of office	Her Ker administering oath
_		OR		
(2) Unsworn Declarati	on			
My name is		, and my date of birth	is	
	(street)	(city)	(state) (zip code)	i
Executed in	County, State of	, on theday of (mon	nth) (year)	-
		Signature of Can	didate/Officeholder (Ded	clarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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	\$	2,065.00
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	\$	
l			

# 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
Gradit Card Payment

Event Expense
Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAMES herry Kers	5 h	3 Filer ID (Ethics Commission Filers)	
4 Date 1/20/24	5 Payee name Chocker Fundanis	orr		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
Le 75.00	$\overline{\mathcal{B}}$	rAZORIA	Tx 77422	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	CA CBISD	
PURPOSE OF EXPENDITURE	Kundraiser	CANCER	FOR CBISD Fundamiser	
EX, ENDITORE	(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/OF	Candidate / Officeholder name	Office sought	Office held	
Date 1/8/24	Republican Party			
Amount (\$)	Payee address;	City;	State; Zip Code	
500.00		Angletor	1 TX 77815	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Even+ Expense			
	Check If travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 3/24/34	Payee name BACh			
Amount (\$)	Payee address;	City;	State; Zip Code	
200.00		city; Angleton	TK 77515	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense			
	Check  f travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to d	/ages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sherry Kers	h	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/24	5 Payee name  Brazoria Chamber		
6 Amount (\$)   90.00	7 Payee address; P.O. Box 992	City: Brazonia	State; Zip Code  TX 77422
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Even - Expense + Fees	(b) Description	
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held
Date 3/31/24	Brazoria Heritage		
Amount (\$)	Payee address;	City: Brazoria	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Livery Expense	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
Date 3/1/24	Payee name Actions		
Amount (\$) 250.00	Payee address;	City; Pangleron	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austil	n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

### **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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense	Travel In District Travel Out Of District
Credit Card Payment		Salaries/Wages/Contract Labor  ns how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	1/	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/24	5 Payee name Sween / ChA	mber	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00	P.O. Box 393	Sweeny	TY 77480
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Fees		
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zlp 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 Aus	tin, 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	Category (See Categories listed at the top of this	schedule) Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	
			D7