# 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 fi           | led: 5  |
|--|---|--|----------------------|-----------------------|----------------------------|---|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                    | MS / MRS / MR Mr.   | FIRST<br>Kyle  |                      | мі<br>А.              | OFFICE                     | USEONLY                                       |
| TV-IVIL.   | NICKNAME  | Denney   |                      |                       | FILED FO                   | R RECORE                                      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br>Change of Address | PO Box 2<br>Hallettsville,  | Texas 77964  | CITY; STATE:         | ZIP CODE              | Tenia<br>Elections Adminis | 1 6 2024<br>a Hudson /<br>trator/Lavaca Count |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                                    | AREA CODE<br>(361 )   | 798-5017   | EXTEN                | SION                  |                            | d or Date Postmarked                          |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS/MRS/MR<br>Ms.  | FIRST<br>Joy   |                      | MI                    | Receipt #  Date Processed  | Amount \$                                     |
|  | NICKNAME  | Kutach   |                      | SUFFIX                | Date Imaged                |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)            | 519 CR 131  | NO PO BOX PLEASE); APT / S<br>A<br>Texas 77964   | SUITE # CIT          | Y                     | STATE;                     | ZIP CODE                                      |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | (713 )  | PHONE NUMBER 213-4276  | EXTENS               | SION                  |                            | i<br>Markatra                                 |
| 9 REPORT TYPE  | January 15 July 15  | 30th day before el   | ection Ex            | unoff                 | (Officeholde               |   |
| 10 PERIOD<br>COVERED   | Month 7   | Day Year / 1 / 23  | THROUGH              | eporting Limit  Month |                            | ,   |
| 11 ELECTION  | Month Day   | Year Primary  24 General   | Runoff<br>Special    | Other<br>Description  |                            |   |
| 12 OFFICE  | County Atto   | orney, Lavaca C  | NO. 152              | y Attorney            | ,<br>Lavaca C              | ounty   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                              | THE CANDIDATE / OFFIC<br>CONSENT. CANDIDATES  | E OF POLITICAL CONTRIBUTIONS<br>EHOLDER. THESE EXPENDITURE<br>AND OFFICEHOLDERS ARE REQU | S MAY HAVE BEEN MADE | WITHOUT THE CAN       | DIDATE'S OR OFFICEHOL      | DER'S KNOWLEDGE OR                            |
| ✓ Additional Pages   | GENERAL COMMITTEE NAME  COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME |  |                      |                       |                            |   |
|  |   | COMMITTEE CAMPAIGN TR  | EASURER ADDRESS      |                       |                            |   |
|  |   | 00.70  | DAGEO                |                       |                            |   |

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#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

Revised 8/17/2020

| Kyle A. Denney  |  |   | 16 Filer ID (Ethics C  | ommission Filers)                       |
|---|--|---|--|---|
| 17 CONTRIBUTION<br>TOTALS   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |   | \$   | 0.00                                    |
|   | <ol> <li>TOTAL POLITICAL CONTRIBUT<br/>(OTHER THAN PLEDGES, LOANS,</li> </ol>  |   | \$   | 2,000.00                                |
| EXPENDITURE<br>TOTALS   | TOTAL UNITEMIZED POLITICAL EX  | KPENDITURE.                                 | \$   | 0.00                                    |
|   | 4. TOTAL POLITICAL EXPENDITU   | RES   | \$   | 1,250.00                                |
| CONTRIBUTION<br>BALANCE   | TOTAL POLITICAL CONTRIBUTION     OF REPORTING PERIOD   | S MAINTAINED AS OF THE LA                   | ST DAY \$  | 1,499.66                                |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF AL<br>LAST DAY OF THE REPORTING PE   |   | F THE \$   | 0.00                                    |
|   | Please complete  | Signature of Ca                             | ndidate or Officehold  | der                                     |
| (1) Affidavit   | SANDRA HOELTER<br>Notary Public, State of Tex<br>Comm. Expires 08-24-202<br>Notary ID 7752336  |   |  |   |
| NOTARY STAMP/SEAL<br>Sworn to and subscribed                        | before me by Kyle A. Denne   | y this the                                  | 16 day of J  | anuary.                                 |
|   | which, witness my hand and seal of office.   | 1   |  | 111 (4-19                               |
| 20 24 to certify<br>Sandia Hoeld                                    | distriction of the control of the co | elter                                       | Notary Public  | - State of Tea                          |
| 0 1 -1 0  | Sandra Harring oath Printed name of officer a  | administering oath                          | Notary Public<br>Title of office   | - State of Tea<br>er administering oath |
| Signature of officer administe                                      | ring oath Printed name of officer a  | administering oath                          | A STATE OF THE PARTY OF THE PAR | - State of Tea<br>er administering oath |
| Signature of officer administer                                     | ring oath Printed name of officer a  | administering oath                          | Title of office  |   |
| Signature of officer administer                                     | ring oath Printed name of officer a  | administering oath                          | Title of office  |   |
| Signature of officer administe  (2) Unsworn Declaration  My name is | ring oath Printed name of officer a  | administering oath, and my date of birth is | Title of office  |   |

### SUBTOTALS - C/OH

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

| 19  | ILER NAME 20 Filer ID (Ethics Co   |         | mmissio | on Filers)         |  |
|-----|--|---------|---------|--------------------|--|
| 21  | 1 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |         |         | SUBTOTAL<br>AMOUNT |  |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      |         | s       | 2,000.00           |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI                               | BUTIONS | s       | 0.00               |  |
| 3.  | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |         |         | 0.00               |  |
| 4.  | SCHEDULE E: LOANS  |         |         | 0.00               |  |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              |         | \$      | 1,250.00           |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |         | s       | 0.00               |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             |         |         | 0.00               |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |         |         | 0.00               |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        |         | s       | 0.00               |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |         | \$      | 0.00               |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |         | \$      | 0.00               |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |         | \$      | 0.00               |  |

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| In                       | e Instruction Guide explains how to complete this t   | torm.                       |                                      |
|--------------------------|---|-----------------------------|--------------------------------------|
| FILER NAMI<br>Kyle A. De |   | 3                           | Filer ID (Ethics Commission Filers)  |
| Date<br>2/8/2023         | 5 Full name of contributor out-of-state PAC ( Kyle A. Denney  6 Contributor address; City; PO Box 2 Hallettsville | State; Zip Code             | Amount of contribution (\$) 2,000.00 |
| Principal occ            | cupation / Job title (See Instructions)   | 9 Employer (See Instruction | s)                                   |
| Date                     | Full name of contributor out-of-state PAC (   | (ID#)                       | Amount of contribution (\$)          |
|                          | Contributor address; City;  | State; Zip Code             |                                      |
| Principal occi           | upation / Job title (See Instructions)  | Employer (See Instruction   | s)                                   |
| Date                     | Full name of contributor out-of-state PAC (   | (ID#:)                      | Amount of contribution (\$)          |
|                          | Contributor address; City;  |                             |                                      |
| Principal occ            | upation / Job title (See Instructions)  | Employer (See Instruction   | is)                                  |
| Date                     | Full name of contributor out-of-state PAC (   | (ID#)                       | Amount of contribution (\$)          |
|                          | Contributor address; City;  | State; Zip Code             |                                      |
| Principal occ            | upation / Job title (See Instructions)  | Employer (See Instruction   | ns)                                  |
|                          |   |                             |                                      |
|                          |   |                             |                                      |
|                          |   |                             |                                      |
|                          |   |                             |                                      |

contributor is out-of-state PAC, please see Instruction guide for additional reporting

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

| Dredit Card Payment   | The Instruction Guide explains how to                                 | complete this form.                                |  |                       |  |  |
|---|---|--|--|-----------------------|--|--|
| Total pages Schedule F1:  | 2 FILER NAME<br>Kyle A. Denney  |  | 3 Filer ID (Ethio                                | cs Commission Filers) |  |  |
| Date<br>12/8/2023   | 5 Payee name<br>LCRP Primary Elections                                |  |  |                       |  |  |
| Amount (\$)<br>\$1,250.00   | 7 Payee address;<br>PO BOX 656  | City;<br>Hallettsville                             | State;<br>Texas                                  | Zip Code<br>77964     |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Fee to file for                    | place on ball                                    |                       |  |  |
|   | (C) Check if travel outside of Texas. Complete Schedule T             | Check if Aust                                      | Check if Austin, TX, officeholder living expense |                       |  |  |
| Complete ONLY if direct expenditure to benefit C/O                                | Candidate / Officeholder name<br>H                                    | Office sought                                      |  | Office held           |  |  |
| Date  | Payee name  |  |  |                       |  |  |
| Amount (\$)   | Payee address;  | City;  | State;   | Zip Code              |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)          | Description  |  |                       |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.                | Check if Austin, TX, officeholder living expense   |  |                       |  |  |
| Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH |   | Office sought                                      |  | Office held           |  |  |
| Date  | Payee name  |  |  |                       |  |  |
| Amount (\$)   | Payee address;  | City;  | State;   | Zip Code              |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)          | Description  | 40   |                       |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.                | . Check if Austin, TX. officeholder living expense |  |                       |  |  |
| Complete ONLY if direct expenditure to benefit C/O                                | Candidate / Officeholder name   | Office sought                                      | umprestit. In was removed and all the            | Office held           |  |  |

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Revised 8/17/2020