

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: <u>MR.</u> FIRST: <u>Kenny</u> MI: <u>W</u> NICKNAME: <u>Ziek</u> LAST: <u>Siegel</u> SUFFIX:	OFFICE USE ONLY FILED FOR RECORD AT <u>9:27</u> o'clock <u>A</u> M JAN 10 2025 Teria Hudson Elections Administrator, Lavaca County By: <u>[Signature]</u> Date Hand-delivered or Date Postmarked Receipt # Amount \$ SCANNED Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>1643 CR. 342</u> APT / SUITE #: <u>Shiner</u> CITY: <u>Tx.</u> STATE: <u>TX.</u> ZIP CODE: <u>77984</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>293-8917</u> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs. Jo Ann Winkeweder</u> FIRST: <u>Winkeweder</u> MI: NICKNAME: LAST: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>1704 CR. 335</u> APT / SUITE #: CITY: <u>Shiner</u> STATE: <u>Tx.</u> ZIP CODE: <u>77984</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>293-1600</u> EXTENSION:		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 1 / 24</u> <u>THROUGH</u> <u>12 / 31 / 24</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 5 / 24</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> 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 <u>Kenny Siegel</u>		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Kenny Siegel
Signature of Candidate or Officeholder

SCANNED

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 Kenny Siegel, and my date of birth is 10/9/1966.
My address is 1643 Cr. 342, Shiner, Tx. 77984 LAVACA.
(street) (city) (state) (zip code) (country)
Executed in LAVACA County, State of Texas, on the 10 day of JANUARY, 20 25.
(month) (year)

Kenny Siegel
Signature of Candidate/Officeholder (Declarant)