CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages fi	iled:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kenneth		MI	OFFICE	USEONLY		
	NICKNAME	LAST Hutchenrider		SUFFIX Jr.	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE;	ZIP CODE	RECEIVED By Aimee Nemer at	12:48 pm, Jan 12, 2024		
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	384-1747	EXTENSIO	DN		d or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$		
NAME	Mrs.	Melinda		N. SUFFIX	Date Processed			
	NICKNAME	Hutchenrider	Date Imaged 2024-01-16 - Posted to web					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE:	ZIP CODE		
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 709-1002							
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)							
	July 15	8th day before ele	CHOTI	eded Modified orting Limit	Final Repo	rt (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	ır		
	7	/ 15 / 23	THROUGH	1	/ 15 / 24			
11 ELECTION	11 ELECTION ELECTION DATE ELECTION TYPE							
	Month Day							
	/ /	General	Special	Description				
12 OFFICE	OFFICE HELD (if any)	<u> </u>	13 OFFICE S	OUGHT (if known	1)			
	Richardson City Council Place 5							
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 OFFICEHOLDER'S REPENDITURES.							
	COMMITTEE TYPE COMMITTEE NAME							
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	CIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS					
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/01/ 1/14/							
15 C/OH NAME Kenneth Hutchenride	16 Filer ID	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00				
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	3,657.66				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00				
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information							
re	quired to be reported by me under Title 15, Election Code.	1 0	A				
	3	1					
	Signature of Ca	ndidate or C	Officeholder				
1							
	Please complete either option below	r:					
	эломоонирово онно орионивов						
(1) Affidavit							
NOTARY STAMP/SEA	-						
Sworn to and subscribed	before me by this the	d	ay of				
20, to certify	which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering oath	Tit	le of officer administering oath				
	OR						
(2) Unsworn Declarati	on						
My name is Kenneth	Hutchenrider						
	ndichenrider , and my date of birth is Richardson T		082 USA				
My address is			code) (country)				
Executed in Collin	County, State of Texas, on the 12thgay of Janua.		2024				
	Cheu A A	1)	(year)				
Signature of Candidate/Officeholder (Declarant)							