## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete	e this form.	er ID (Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE/ OFFICEHOLDER NAME	MR KE	IRST ENDETH AST ENKIWS	MI R SUFFIX	Date Received	E USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUI	TE #, CITY;	STATE: ZIP CODE  TX 77016	S. S	128 2019 HH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	106Z	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	NICKNAME L	MAC AST OURE	MI SUFFIX	Receipt #  Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PI		сіту, Десе	STATE;	ZIP CODE 77016
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (281) 798		EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before election 8th day before election	Runoff  Exceeded \$500 limit	treasurer a	ofter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year TH	Month /0 /	Day Yes / 19	ar
11 ELECTION	ELECTION DATE  Month Day Year  11 / 5 / 19	Primary General	Runoff Other Description  Special		
12 OFFICE	NON E		13 OFFICE SOUGHT (IF KNOW HOW STOW C(T)		C DISTRICT
		GO TO PAG	E 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME KE	UNETH PE	RKINS	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR O					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	AN \$ 6			
	100000000000000000000000000000000000000	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ &			
	4. TOTAL	POLITICAL EXPENDITURES	\$ @			
CONTRIBUTION BALANCE	5. TOTAL I	DAY \$ D				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$			
My No Exp		true and correct and includes all info under Title 15, Election Code.  Signature of Cand	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder			
Sworn to and subsci	10	to certify which, witness my hand and seal of office.	this the			
Signature of officer	Maga administering path	Printed name of officer administering oath	Title of officer administering oath			
Orginature of officer e	ad., iiiiloto.iiig oddii					

## SUBTOTALS - C/OH

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

19 FILERNAME ENNETH PENCINS	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s ô
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIL	BUTIONS \$ F
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	TRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$ D
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor out-of-state PAC (ID#.\_ 7 Amount of contribution (\$) State; Zip Code 6 Contributor address; City; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) State; Zip Code City; Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) utor address; City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	WETH PERKINS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED r additional reporting requirements.

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: . 9 In-kind contribution Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_\_ of Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#:\_ Pledge \$ description City; State; Zip Code Pledgor address: Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME KENNETI	4 PENCINS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
44.5		4-	
14 Description of Col	lateral	Check if personal fun account (See Instruc	ids were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	lateral	Check if personal fun account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Cradit Card Payment

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

The Instruction Guide explains how to c	complete this form.		
Schedule F1: 2 FILER NAME KENNETH Panlaris			ommission Filers)
5 Payee name			
7 Payee address;	City;	State;	Zip Code
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense
Candidate / Officeholder name	Office sought	0	ffice held
Payee name			in the
Payee address;	City;	State;	Zip Code
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 ex	pense
Candidate / Officeholder name	Office sought	0	ffice held
Payee name			
Payee address;	City;	State;	Zip Code
Category (See Categories listed at the top of this schedule)	Description		
	Check if Aus	stin, TX, officeholder living ex	xpense
Check if travel outside of Texas. Complete Schedule T.			
	Payee address;  (a) Category (See Categories listed at the top of this schedule)  (b) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee address;	Payee address; City;  (a) Category (See Categories listed at the top of this schedule) (b) Description  (c) Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name  Office sought  Payee name  Payee address; City;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name  Office sought  Category (See Categories listed at the top of this schedule)  Payee name  Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name  Office sought  Payee address; City;	2 FILER NAME   Compared to Payee name   3 Filer ID (Ethics Compared to Payee name   10 Payee address;   City;   State;

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Comm	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out of District Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
Total pages Schedule F2: 2, F	ELLER NAME PAME TA PENICIAS		3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED	UNPAID INCURRED OBLIGA	ATIONS	\$
Date 6 F	Payee name		udus P. Caules
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	category (See Categories listed at the top of this so	hedule) (b) Description	
(c)	Check if travel outside of Texas. Complete Sche	edule T. Check if Aus	stin, TX, officeholder living expense
Date F	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	Kenneth Benkins	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDI	ULE AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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 (orthers proteon) and listed charge)

Contributions/Donations Made E Candidate/Officeholder/Politic	· · · · · · · · · · · · · · · · · · ·	ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	Kenneth Penkins	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CR	EDIT CARD \$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Pol	litical
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	ffice sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	litical
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 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **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
Other (enter a category not listed above)

Total pages Schedule G	2 FILER N	ATH PENKINS		3	Filer ID (Ethics	Commission Filers)
Date	5 Payee n	ame				
Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this schedule)	(b) De	escription		
	(c)	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living e	expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH		idate / Officeholder name	Office	sought		Office held
Date	Payee n	ame				
Amount (\$)  Reimbursement from political contributions	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this schedule)	De	escription		
EXI ENDITORE		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX	C. officeholder living	expense
Complete ONLY if direct expenditure to benefit C		lidate / Officeholder name	Office	sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF		Description				
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH		didate / Officeholder name	Office	sought		Office held

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **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)

2 FILER NAME		3 Filer ID (Ethics	PER THE SERVICE THE
/ cons/ harcen		3 THE ID (Ethics	Commission Filers)
5 Business name			
7 Business address;	City;	State;	Zip Code
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
Candidate / Officeholder name	Office sought	C	Office held
Business name			
Business address;	City;	State;	Zip Code
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 exp	pense
Candidate / Officeholder name	Office sought	C	Office held
Business name			
Business address;	City;	State;	Zip Code
Category (See Categories listed at the top of this schedule)	Description		
Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living ex	pense
Candidate / Officeholder name DH	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	:DED	
	(a) Category (See Categories listed at the top of this schedule)  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Business name  Business address;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Business name  Business name  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	(a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Check if travel outside of Texas Complete Schedule T. Check if Austin Candidate / Officeholder name  Business name  Business address; City;  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Business address; City;  Category (See Categories listed at the top of this schedule T. Check if Austin Candidate / Officeholder name  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)	(a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Check if Austin, TX, officeholder living expectations and the complete Schedule T.  Candidate / Officeholder name  Business name  Business address;  City: State;  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Candidate / Officeholder name  Office sought  Candidate / Officeholder name  Description  Category (See Categories listed at the top of this schedule T.  Candidate / Officeholder name  Description  Category (See Categories listed at the top of this schedule T.  Category (See Categories listed at the top of this schedule)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE |

	The Instruction Guide explains how to con	mplete this form.		
<b>1</b> Total pages Schedule I:	Kenneth Genkins		3 Filer ID (Ethics	Commission Filers
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding type	of information

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The	dule K:				
2 FILER NAME	R NAME KEMEN PERICES 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received	= == =	8 Amount (\$)		
	6 Address of person from whom amount is received; City; State; Zip Code				
	7 Purpose for which amount is received	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code				
	Purpose for which amount is received	political contribution	returned to filer		
Date	Name of person from whom amount is received Amount (\$)				
	Address of person from whom amount is received; City; Star	te; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instr	uction Guide	explains how to complete t	his form.	1 Total pages Schedule T:	
2 FILER NAME	ILER NAME Kenneth Paking		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation	or Labor Organization / Pledgor	/ Payee		
5 Contribution / Expen	diture reported	on:			
Schedule A2	Sche	edule B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	Dates of travel 7 Name of person(s) traveling				
	8 Departur	e city or name of departure loca	ation		
	9 Destinati	on city or name of destination l	ocation		
10 Means of transporta	tion	11 Purpose of travel (including	g name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor Organization / Pledgor	/ Payee		
Contribution / Expen  Schedule A2  Schedule F2	Sche	on:  dule B Schedule B(J)  dule F4 Schedule G	Schedule C2	Schedule D Schedule COH-UC	Schedule F1
Dates of travel		person(s) traveling			Scriedule B-00
	Departure city or name of departure location				
	Destinati	on city or name of destination I	ocation		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor	/ Corporation	or Labor Organization / Pledgor	r / Payee		
Contribution / Expen	diture reported	lon:			
Schedule A2	Schedu		Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedu		Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	Name of person(s) traveling			
Departure city or name of departure location					
	Destinat	ion city or name of destination	location		
Means of transporta	ation	Purpose of travel (includin	g name of conference,	seminar, or other event)	
	A	ITACH ADDITIONAL COPIE	S OF THIS SCHEDUL	E AS NEEDED	
			Associated for Tox 2000		Davised 0/26/20

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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		The Instruction Guide explains how to complet •• Complete only if "Report Type" on page 1 is mark				
1	C/OH N	NAME Kenneth Penicins	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE /				
	ing a re	expect any further political contributions or political expenditures in connection port as a final report terminates my campaign treasurer appointment. I also utions or make any campaign expenditures without a campaign treasurer app	understand that I may not accept any campaign			
			Signature of £andidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER  uplete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
	X	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political report. Further, I understand that I must dispose of unexpended princome earned on political contributions in accordance with the requirement	st or income earned on political contributions to expended contributions and that I may not retain ical contributions longer than six years after filing political contributions and unexpended interest or			
	B.	ASSETS				
	Chec	k only one:				
	X	I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interepersonal use. I also understand that I must dispose of assets purchased virequirements of Election Code, § 254.204.	est or other income from political contributions to vith political contributions in accordance with the			
			Signature of Candidate			
5		EHOLDER  nplete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended contributions, interest or other income from political contributions or interest or other income from political contributions.	outions if, after filing the last required report as an			
			Signature of Officeholder			