

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: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Kenneth	MI	
	NICKNAME	LAST Sexton	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 739 Midway Rd. S. Inez TX 77968			
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 550-1809			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Jeff	MI	
	NICKNAME	LAST Drost	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 604 Charleston Dr. Victoria, TX 77904			
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 550-3014			
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 7 / 1 / 2021 THROUGH 12 / 31 / 2021			
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 2022		ELECTION TYPE <input checked="" 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) County Commissioner PCT. 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		COMMITTEE NAME
				COMMITTEE ADDRESS
				COMMITTEE CAMPAIGN TREASURER NAME
				COMMITTEE CAMPAIGN TREASURER ADDRESS



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

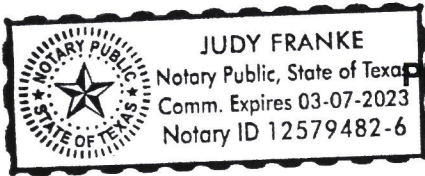
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kenneth Sexton 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,270.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7079.15</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3190.85</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Kenneth Sexton
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kenneth Sexton this the 18 day of January 2022, to certify which, witness my hand and seal of office.

Judy Franke Signature of officer administering oath
Judy Franke Printed name of officer administering oath
 Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Judy Spencer Franke, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Kenneth Sexton</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10,270 -</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7079.15</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/5
2 FILER NAME Kenneth Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Luna	7 Amount of contribution (\$) \$ 300
6 Contributor address; City; State; Zip Code 301 Brookwood Victoria TX 77901		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggie + Carl Koch	Amount of contribution (\$) \$ 150
Contributor address; City; State; Zip Code 409 Charleston Victoria TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle + Paul Polasek	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 6023 Country Club Dr. Victoria, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry + Phil Tennant	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 15612 Rio Ranch Rd Harlingen, TX 78552		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/5
2 FILER NAME Kenneth Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 12/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mollie & Trey Ruschaupt	7 Amount of contribution (\$) \$1250
6 Contributor address; City; State; Zip Code 6028 Country Club Dr Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traici & Kenneth Sexton	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 739 Midway Rd S Inez, TX 77968		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traici & Kenneth Sexton	Amount of contribution (\$) \$1500
Contributor address; City; State; Zip Code 739 Midway Rd S Inez, TX 77968		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole & Kent Sistrunk	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 101 Bullock Ct Victoria TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/5
2 FILER NAME Kenneth Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Klein	7 Amount of contribution (\$) \$5000
6 Contributor address; City; State; Zip Code Salado, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jac & Mike Leu	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 213 Fenway St Victoria, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Ann & Elwood Ernst	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 202 Whispering Creek Valley, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene & Calvin Scheren	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code Victoria TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/5
2 FILER NAME Kenneth Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 12/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer & Chad Tipton	7 Amount of contribution (\$) \$ 20
6 Contributor address; City; State; Zip Code Victoria, TX 77901		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer & Travis Ermsl	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code Victoria, TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary & Darwin Koening	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 304 Legend St Victoria, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Brecky	Amount of contribution (\$) \$ 20
Contributor address; City; State; Zip Code Telferney, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/5
2 FILER NAME Kenneth Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trecca & Troy Davis	7 Amount of contribution (\$) \$ 55
6 Contributor address; City; State; Zip Code Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Zook	Amount of contribution (\$) \$ 25
Contributor address; City; State; Zip Code Inez, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Kenneth Sexton	3 Filer ID (Ethics Commission Filers)
4 Date 12/6/21	5 Payee name Rapid Printing	
6 Amount (\$) \$50.60	7 Payee address; City; State; Zip Code 1708 N. Navarro Suite 300 Victoria TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Thank You Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Kenneth Sexton Vic Co Commissioner Pct 4	
Date 12/2/21	Payee name Republican Party	
Amount (\$) \$1750	Payee address; City; State; Zip Code #115 S. Main St Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Kenneth Sexton Vic Co Commissioner Pct 4	
Date 12/7/21	Payee name Victoria Web Design	
Amount (\$) \$920	Payee address; City; State; Zip Code 217 Post Oak Dr. Victoria TX 77904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Site
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Kenneth Sexton Vic Co Commissioner Pct 4	

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Kenneth Sexton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/15/21</i>		5 Payee name <i>KC Strategies, LLC</i>			
6 Amount (\$) <i>\$5313.50</i>		7 Payee address; <i>3571 Far West Blvd.</i>		City; <i>Austin</i>	State; <i>TX</i>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Consulting/Printing</i>		(b) Description <i>Campaign Advisor Campaign Signs/Cards</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Kenneth Sexton</i>		Office sought <i>Vc Commissioner PCT. 4</i>	Office held
Date <i>11/24/21</i>		Payee name <i>Harland Clarke Check Orders</i>			
Amount (\$) <i>45.03</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		Description <i>Order Checks for Accounting</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, 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 OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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