

# 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: **7**

**OFFICE USE ONLY**

Date Received	
<b>RECEIVED</b>	
JAN 15 2026	
Henderson County Election Administration	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
MR KENNETH C  
NICKNAME LAST SUFFIX  
STRAWN

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
ATHENS TX 75751

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( )

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
KAREN  
NICKNAME LAST SUFFIX  
BERTONI

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
ATHENS TX 75751

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( )

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
10 / 30 / 25    THROUGH    12 / 31 / 25

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
3 / 3 / 26     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Attorney, Henderson County

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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> KENNETH CLARK STRAWN		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. 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)	\$ 1,050.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 249.22
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,251.25
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,133.70
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

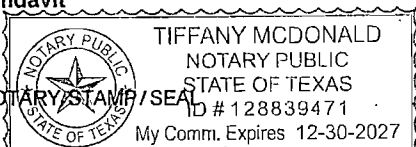
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



Sworn to and subscribed before me by Kenneth Strawn this the 14<sup>th</sup> day of January

20 20 to certify which, witness my hand and seal of office.

Signature of officer administering oath: Tiffany McDonald  
 Printed name of officer administering oath: Tiffany McDonald  
 Title of officer administering oath: notary

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, 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**

<b>19 FILER NAME</b> <b>KENNETH CLARK STRAWN</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS</b> <b>NAME OF SCHEDULE</b>	<b>SUBTOTAL</b> <b>AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,050.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 100.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 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	\$ 3,002.03
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1</b>
2 FILER NAME <b>KENNETH CLARK STRAWN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/03/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SUSAN RANDALL</b>	7 Amount of contribution (\$)  <b>200.00</b>
	6 Contributor address; City; State; Zip Code <b>Athens, TX</b>	
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>11/17/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID MONK</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>Chandler, TX</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>12/11/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SUSAN RANDALL</b>	Amount of contribution (\$)  <b>300.00</b>
	Contributor address; City; State; Zip Code <b>Athens, TX</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>12/22/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>GORDON STRAWN</b>	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code <b>Las Cruces, NM</b>	
Principal occupation / Job title (See Instructions) <b>TEACHER</b>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME <b>KENNETH CLARK STRAWN</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 100.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: 2		<b>2</b> FILER NAME KENNETH CLARK STRAWN		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/01/2025		<b>5</b> Payee name Daley Web Solutions			
<b>6</b> Amount (\$) 128.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; online		City;	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER (website)		<b>(b)</b> Description website setup, domain registration		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/08/2025		Candidate / Officeholder name Henderson County Republican Party			
Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 207 E Tyler Street, Athens TX 75751		City;	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description Filing Fee		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Signs on the Cheap			
Amount (\$) 599.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; online		City;	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description campaign signs		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address;		City;	State; Zip Code
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			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>KENNETH CLARK STRAWN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/23/2025</b>	<b>5</b> Payee name <b>Daley Web Solutions</b>		
<b>6</b> Amount (\$) <b>498.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>online</b>	City;	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>OTHER (website)</b>	(b) Description <b>website design</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date <b>12/05/2025</b>	Payee name <b>Signs on the Cheap</b>		
Amount (\$) <b>502.03</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>online</b>	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>campaign signs</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date <b>12/23/2025</b>	Payee name <b>DCS LLC</b>		
Amount (\$) <b>525.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>4107 FM 2728 Kaufman TX 75142</b>	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>campaign signs</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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