CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS /MR 3 CANDIDATE/ М OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received ADDRESS / PO BOX; 4 CANDIDATE/ APT / SUITE #; CITY; 701 S. The PUBOX 138 Vega TX 79092 OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE EXTENSION Date Hand-delivered or Date Postmarked (806) 679-639-2130W) **OFFICEHOLDER** PHONE Amount \$ 00 Receipt # 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN 701 S.7th POBOX 138 TREASURER VegA TX 79092 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (806) 639-2130 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 1/14/2024 12/13/2023 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Day General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Attorney OLDHAM COUNTY Attorney OLDHAM COUNTY THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICENCIDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICENCIDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICENCIDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS \$ -0-(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 \$ TOTALS TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: JANET ELIZABETH LONG (1) Affidavit My Notary ID # 129625253 Expires November 13, 2025

NOTARY STAMP/SEAL

Sworn to and subscribe	ed before me by Ke	+ BIRD	Song	-ti	his the 12	day of	JAN .
20 24 to cert	ify which, witness my hand	and seal of office	beth Lon	q	Adw. As	ssistalit -	oldhamle. A
Signature of officer admini-	stering oath	Printed name of	officer administerin	ng oath		Title of offic	er administering oat
AND BE	30 6 2		OR				
(2) Unsworn Declara	ition					A CONTRACTOR	
My name is			, an	d my date of	birth is		
My address is							Personal Property Control
	(street))	The state of the s	(city)	(state)	(zip code)	(country)
Executed in	County, Stat	e of	, on the	day of	(month)	, 20 (year)	-
			Per Locks of or	Signature of	f Candidate/Of	ficeholder (De	clarant)

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) SUBTOTAL AMOUNT 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS 2. \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS \$ 5. \$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH 10. \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS/GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. **TO FILER**

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 Filler ID (Ethics Commission Fi	ilors) 2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / (IR)	Kent RIRDSO	MI SUFFIX	OFFICE Date Received	2024 FEB 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; PO BOX 7015.7	APT / SUITE #; 0	X 79097 EXTENSION		3 AM 8: 4
OFFICEHOLDER PHONE	**	239 2130		Date Hand-delivered	or 'Dåte Postmark€d\) Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) Kent NICKNAME	FIRST BIRDS LAST	MI Suffix	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / SL		STATE: 79092	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION 2.130		
9 REPORT TYPE	January 15	30th day before el		treasurer ap (Officeholde	
10 PERIOD COVERED	Month /Z/	Day Year / 17 / 23	THROUGH	2/4/2°	
11 ELECTION	ELECTION DAY Month Day	Year	Runoff Other Descript		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (#	known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 F	iler ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ MA	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$,	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	
	Signature of Candida	ate or Officeholder	
	Please complete either option below:		
(1) Affidavit	JANET ELIZABETH LONG My Notary ID # 129625253 Expires November 13, 2025		
NOTARY STAMP/SEA	L.	The state of	
Swom to and subscribed	before me by Kent Birdsong this the 13	# day of February	
0.1011		aldhalad	
20 2024, to certify	which, witness my hand and seal of office. About Rong Janet Ehzabeth Long Adm	oldham (
0.1011	which, witness my hand and seal of office. About Rong Janet Ehzabeth Long Administering oath Printed name of officer administering oath	Oldhodn (ASSISTANT - Attorney Sc Title of officer administering oath	
20 2024, to certify aud EUA	which, witness my hand and seal of office. Aboth Ring Janet Ehzabeth Long Administring oath Printed name of officer administering oath OR	oldhadní Assistant - Alternayisa	
20 2024, to certify	which, witness my hand and seal of office. Aboth Ring Janet Ehzabeth Long Administring oath Printed name of officer administering oath OR	oldhadní Assistant - Alternayisa	
20 2024, to certify Signature of officer administra (2) Unsworn Declarati My name is	which, witness my hand and seal of office. Aboth Ring Janet Ehzabeth Long Administering oath OR On , and my date of birth is	Oldhadm (ASSISTANT - Alternay Sc Title of officer administering oath	
20 2024, to certify authorized Signature of officer administration (2) Unsworn Declaration	which, witness my hand and seal of office. Aboth Ring Janet Etizabeth Long Adm Printed name of officer administering oath OR on , and my date of birth is	Oldhadm (ASSISTANT - Alternay Sc Title of officer administering oath	
20 2024, to certify Signature of officer administra (2) Unsworn Declarati My name is	which, witness my hand and seal of office. Aboth Ring Janet Etizabeth Long Administring oath Printed name of officer administering oath OR On , and my date of birth is (street) (city) (state)	Oldham (ASSISTANT - Attorney So Title of officer administering oath	

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) SUBTOTAL AMOUNT 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS \$ \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 4. \$ SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ S 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE I; SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY OFFICEHOLDER NAME Date Received NICKNAME

	Klat	Bingsong		0	0 2 0
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT/SUITE #: EITY:	VEGATX.	LDHAM C	TINF 1/2(
Change of Address			79092	200	25 00 5
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806) 6	PHONE NUMBER 239 - 2130	EXTENSION	Date Hand-delivered o	
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	FIRST BINDSO	MI SUFFIX	Date Processed Date Imaged	Amount 5.
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Q2002000 (8004000) 0000 00 90 (800 000 90 000 00 10 000 000 10 000 000 0	NO PO BOX PLEASE); APT / SUITE $744 POBox$	#; CITY; 138 VlgA TX	STATE: 7909 Z	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER (639- 2130	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before election		15th day after treasurer app (Officeholder	olntment
10 PERIOD COVERED	Month	Day Year / 16 / 24	THROUGH 7	Day Year /15 /24	
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	land of the same o	
12 OFFICE			13 OFFICE SOUGHT (if know	nty Attorn	The second secon
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE SALES AND LOTTE	CUM DED THESE EVERTIBLES HA	PPTED OR POLITICAL EXPENDITURES I Y HAVE BEEN MADE WITHOUT THE CAN TO REPORT THIS INFORMATION ONLY IF	VIDIDATIES OR OFFICEHOLD	EK 2 KNOWLEDGE OK
33	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASU	RER NAME		
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
GO TO PAGE 2					

FORM C/OH

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME SIRDSONO TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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. Signature of Candidate or Officeholder Please complete either option below: JANET ELIZABETH LONG (1) Affidavit My Notary ID # 129625253 Expires November 13, 2025 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is , and my date of birth is My address is _ (street) (city) (state) (zip code) (country) County, State of , on the (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH FORM C/OH COVER SHEET PG 3				
19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<i>J</i> 8		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO TO FILER	TIONS RETURNED	\$		
was athire state by US		Revised 11/15/20		

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Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

=							
	The Instruction Guide explains how to complete this form.						
		Complete only if "Report Type" on page 1 is marked "Final Report"					
1	C/OH N	IAME Kent Birosony 2 Filer ID (Ethics Commission Filers)					
3	SIGNATURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		A/I+K/I					
		14/2/100					
		Signature of Candidate / Officeholder					
4		WHO IS NOTAN OFFICEHOLDER plote A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Choc	conly 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 from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS					
	Chec	conly one:					
	\boxtimes	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 income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		Signature of Candidate					
5		EHOLDER plete this section only if you are an officeholder **					
	×	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Signature of Officeholder					