The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages	filed: 3
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Kyle			• мі А	OFFICE USE ONLY	
NAME	NICKNAME	Denney		SUFFIX	CONTRACTOR CONTRACTOR TO COM-	OR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2, H	APT / SUITE #; lallettsville, TX 7		STATE; ZIP CODE	A	my Kloesel nistrator, Lavaga Count
Change of Address					By H	DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 )	798-5017		EXTENSION		red or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Ms.	Ashley	MOZAGI ZIKA KAMPANCA DARKIN	MI L	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Fiduoises	
		Kocian			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT h St., Hallettsville	т / suite #; e, TX 77964	CITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	( 361 )	798-5017		EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day befor	L	Runoff  Exceeded Modified Reporting Limit	(Officeho	after campaign r appointment Ider Only) port (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THROU	Month.		ear 22
11 ELECTION	ELECTION DA	ATE .		ELECTION TYPE		
	Month Day	Year Prim  ✓ 20 ■ Gen		Description		
12 OFFICE	County Att	orney, Lavaca	30.50	OFFICE SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDIT S AND OFFICEHOLDERS ARE RE	TURES MAY HAVE BEE	N MADE WITHOUT THE CAN	DIDATE'S OR OFFICER	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			***************************************	
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN	TREASURER ADD	RESS		
		GO T	O PAGE 2			

15 C/OH NAME Kyle A Denney		16 Filer	ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	d	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	749.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0.00
	Please complete either option below		1	
(1) Affidavit	COLLEEN GUEVARA  Notary Public, State of Texas  Comm. Expires 08-14-2023  Notary ID 132128721			
NOTARY STAMP/SEA	V. la 1 D	15	day of	Tuly
20	which, Witness my hand and seal of office.  Colleen Guevara		Note	ary er administering oath
(2) Unsworn Declaration	OR COMPANY OF THE STATE OF THE	43		
My name is	, and my date of birth is	i		
My address is				
Executed in	(street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (street) (city) (street) (stree		(zip code) , 20 (year)	(country)
	Signature of Candid	date/Offic	eholder (Dec	clarant)

	9 FILER NAME  Kyle A Denney  20 Filer ID (Ethics Comm				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			IBTOTAL MOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	NS	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL	CONTRIBUTIONS	\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	SCHEDULE E: LOANS	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE F	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT OF	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FR	OM PERSONAL FUNDS	\$	0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CO	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUND TO FILER	S, AND CONTRIBUTIONS RETURNED	\$	0.00	

The C/OH Instruction G	iuide explains how to complete this form.	1 Filler ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Kyle	мі А.	OFFICE USE ONLY
NAME	NICKNAME LAST Denney		ILED FOR RECORD T_1:48 o'clock P_M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2, Hallettsville, TX 77	CITY; STATE; ZIP CODE 7964	JAN 18 2022
Change of Address			Elections Administrator, Lavaca County
5 CANDIDATE/ OFFICEHOLDER PHONE	( 361 ) 798-5017	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MS. Ashley	MI L.	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Kocian		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE): APT 503 E Fourth St., Hallettsville  AREA CODE PHONE NUMBER  ( 361 ) 798-5017		STATE; ZIP CODE
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2021	THROUGH 12	7 31 / 2021
11 ELECTION	Month Day Year Prim	Description	
12 OFFICE	OFFICE HELD (# any)  County Attorney, Lavaca Coun	13 OFFICE SOUGHT (if know	n)
	GO T	O PAGE 2	

14 C/OH NAME K	yle A. Denne	у 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR BIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL	\$ 0.00	
	4. TOTAL	\$ 0.00	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 749.66
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 AY OF THE REPORTING PERIOD	s 0.00
Notal De Com	ribed before me,	exas 023  true and correct and includes all info under Title 15, Election Code.  Signature of Cano	erjury, that the accompanying report is armation required to be reported by me didate or Oppiceholder , this the
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

19	FILER NAME  Kyle A. Denney  20 Filer ID (Ethics Communication)					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00			
4.	SCHEDULE E: LOANS		\$ 0.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 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 FU	NDS	\$ 0.00			
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 CO	ONTRIBUTIONS	\$ 0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ 0.00			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to  Complete only if "Report Type" on page 1	
1	C/OH N	Kyle A. Denney	2 Filor ID (Ethics Commission Filers)
3	ing a re	expect any further political contributions or political expenditures in port as a final report terminates my campaign treasurer appointme	nt. I also understand that I may not accept any campaign
	contribu	ations or make any campaign expenditures without a campaign trea	isurer appointment on file.
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest of	or income earned from political contributions.
		I have unexpended contributions or unexpended interest or incomay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual repunse unexpended contributions or unexpended interest or income earn this final report. Further, I understand that I must dispose of une income earned on political contributions in accordance with the results.	ded interest or income earned on political contributions to ort of unexpended contributions and that I may not retain ed on political contributions longer than six years after filing xpended political contributions and unexpended interest or
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or inter-	erest or other income from political contributions.
		I do retain assets purchased with political contributions or interest that I may not convert assets purchased with political contribution personal use. I also understand that I must dispose of assets purchased with political contribution personal use. I also understand that I must dispose of assets purchased use of Election Code, § 254.204.	ns or interest or other income from political contributions to
			Signature of Candidate
5		EHOLDER  uplete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to file. I am also aware that I will be required to file reports of unexpendificeholder, I retain political contributions, interest or other income cal contributions or interest or other income from political contributions.	ded contributions if, after filing the last required report as an from political contributions, or assets purchased with politi-
			Signature of Officeholder

#### CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 3 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST MI MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Α. Mr. Kyle NAME FILED FOR RECORD LAST NICKNAME AT 3:50 o'clock O M Denney 4 CANDIDATE / APT / SUITE # ADDRESS / PO BOX: STATE ZIP CODE JAN 17 2023 P.O. Box 2, Hallettsville, TX 77964 **OFFICEHOLDER** MAILING **ADDRESS** Amy Kloesel Elections Administrator, Lavaca County Change of Address Nover EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked (361 **OFFICEHOLDER** 798-5017 PHONE Amount \$ Receipt # FIRST MI MS / MRS / MR 6 CAMPAIGN **TREASURER** Ashley Ms. Date Processed NAME LAST SUFFIX NICKNAME Date Imaged Kocian ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE 7 CAMPAIGN 503 E. Fourth St., Hallettsville, TX 77964 TREASURER ADDRESS (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN **TREASURER** 361 798-5017 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Month 22 31 12 COVERED 22 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Other Runoff Primary Month Day Year Description 03 General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE County Attorney, Lavaca County THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOA IS FOR INCIDED OF POLITICAL COMMITTEES HOW ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN HODE 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

le A. Denney		10 Files	ID (Ethics Commis	
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIPUTEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	F LOANS, OR	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GE		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	DITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	INTAINED AS OF THE LAST DAY	\$	749.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OU'     LAST DAY OF THE REPORTING PERIOD	TSTANDING LOANS AS OF THE	\$	0.00
(4) Affidovit	JAMES F. FENNER	ither option below:		
(1) Affidavit  NOTARY STAMP/S	Notary Public, State of Texas  Comm. Expires 09-24-2026  Notary ID 3789751		TI+ 1	
Sworn to and subscribe	ed before me by Kyle A. Denne	this the	day ofA	NUARY,
20 28 , to certi	fy which, witness my hand and seal of office.	~Ner	alotary	)
Signature of officer adminis		inistering oath	Title of officer a	dministering oat
(2) Unsworn Declara	or			
		and my data of hirth is		
My name is		, and my date of bitti is		
My address is	(street)	(city) (state)	(zip code)	(country)
Executed in	County, State of, on	the day of(month)	, 20	
		Signature of Candidate/0	Officeholder (Decla	rant)

	ER NAME A. Denney	ID (Ethics Commission F	ilers)	
21 SCH	HEDULE SUBTOTALS ME OF SCHEDULE		STOTAL MOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	SCHEDULE E: LOANS	\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ions \$	0.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	BUTIONS \$	0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT		0.0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE		0.0	

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE / A **OFFICEHOLDER** Kyle Mr. Date Received NAME SUFFIX LAST NICKNAME LED FOR RECORD Denney T 8:300'clock A M ZIP CODE APT / SUITE #; STATE: ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** PO Box 2, Hallettsville, TX 77964 JUL 17 2023 MAILING **ADDRESS** Amy Kloesel Change of Address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (361)798-5017 PHONE Amount \$ Receipt # FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** Ashley Date Processed Ms. NAME SUFFIX LAST NICKNAME Date Imaged Kocian ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER 503 E Fourth St., Hallettsville, TX 77964 **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN **TREASURER** 798-5017 (361 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) **Exceeded Modified** 8th day before election July 15 Reporting Limit Day Year Month Day Year 10 PERIOD Month 30 23 COVERED 23 THROUGH 1 ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Month Day Year Description Special 3 20 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE County Attorney, Lavaca Co. 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

		16 Filer ID (Ethics Commission Filers)
5 C/OH NAME (yle A. Denney		TO FIRST ID (Edition Commission 1997)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS     PLEDGES, LOANS, OR GUARANTEES OF LOANS     CONTRIBUTIONS MADE ELECTRONICALLY)	s (OTHER THAN s, OR \$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	s 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	the last day \$ 749.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDI     LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$ 0.00
	Jegl.	Signature of Candidate or Officeholder
	Please complete either o	option below:
(1) Affidavit  NOTARY STAMP/SE.	AMANDA L. ORSAK Notary Public, State of Texas Comm. Expires 06-03-2026 Notary ID 129840092	
	d before me by Kyle A. Denney	this the 17th day of July
	y which, witness my hand and seal of office.	Notacy Public
Signature of officer adminis	tering oath Printed name of officer administering o	oath Title of officer administering oa
(2) Unsworn Declara		
	, and	my date of birth is
	,	
	(street)	(city) (state) (zip code) (country)
Executed in	County, State of, on the	day of, 20 (year)
		Signature of Candidate/Officeholder (Declarant)
	whice state by us	Revised 8/17/

ER NAME	20 Filer ID (Ethics Cor	nmission	Filers)		
A. Denney					
1 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
SCHEDULE E: LOANS		\$	0.00		
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0.00		
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$	0.00		
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	:UNDS	\$	0.00		
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0.00		
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00		
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$	0.00		
/	A. Denney  IEDULE SUBTOTALS IE OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FOR SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS.	A. Denney  IEDULE SUBTOTALS  IE OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	A. Denney  IEDULE SUBTOTALS IE OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED		

#### 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	5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kyle	мі А.	OFFICE U	SEONLY
Willia.	NICKNAME	Denney	SUFFIX	FILED FOR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2 Hallettsville,	APT / SUITE #; C	CITY; STATE; ZIP CODE	JAN 1 Tenia-h Elections Administra	ludson /
Change of Address				By 441	4
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 )	798-5017	EXTENSION	Date Hand-delivered or	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	Joy	MI	Receipt #	Amount S
NAME	NICKNAME	Kutach	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	519 CR 131	NO PO BOX PLEASE); APT / SE A Texas 77964	UITE # CITY,	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713 )	PHONE NUMBER 213-4276	EXTENSION	:	
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after treasurer appo (Officeholder (	pintment
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	Month THROUGH 12	Day Year / 31 / 23	
11 ELECTION	Month Day	Year Primary  24 General	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any) County Att	orney, Lavaca C	to. County Attorne		unty
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES 5 MAY HAVE BEEN MADE WITHOUT THE CAI RED TO REPORT THIS INFORMATION ONLY IF	NDIDATE'S OR OFFICEHOLDE	R'S KNOWLEDGE OR
✓ Additional Pages	GENERAL	COMMITTEE ADDRESS			
* Additional Laftes	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	du				

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#### FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

15 C/OH NAME Kyle A. Denney			16 Filer ID (Ethics C	Commission Filers)
Nyle A. Definey				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON- PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$	2,000.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	3	\$	1,250.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS M     OF REPORTING PERIOD	AINTAINED AS OF THE LAST	T DAY \$	1,499.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL O     LAST DAY OF THE REPORTING PERIO		THE \$	0.00
	Please complete e	either option below	:	
	Please complete e	•	ndidate or Officehol	der
		ı		
(1) Affidavit	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336			
NOTARY STAMP/SEA		)	1.	
Sworn to and subscribed	before me by Kyle A. Denney	this the	16 day of	Tanuary.
0 1 -1 -	which, witness my hand and seal of office.	re:	0.11	
Sundia Hoel		Charles point agree server	ALCOHOLOGICAL STREET,	Control Colored Colore
Signature of officer administr		inistering oath	Title of offic	er administering oath
	OR	The San		
(2) Unsworn Declarati	ion			
My name is		, and my date of birth is _		
My address is		F		
	(street)	(city) (st	tate) (zip code)	(country)
Executed in	County, State of , on t	he day of (month)	, 20, (year)	-
		Signature of Candida	ate/Officeholder (De	clarant)

19	FILER NAME	20 Filer ID (Ethics Co	mmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s	2,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	utions	s	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLI	ITICAL CONTRIBUTIONS	\$	1,250.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM P	OLITICAL CONTRIBUTIONS	s	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS	SONAL FUNDS	s	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	IONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POL	LITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C	ONTRIBUTIONS RETURNED	\$	0.00

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

Principal occupation / Job title (See Instructions)   Semployer (See Instructions)	Date	5 Full name of contributor cut-of-state PAC	(iD#) 7	Amount of contribution (\$)
Exployer (See Instructions)   Employer (See Instructions)			(RD#) 7	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City;  State;  Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#		6 Contributor address; City;	State: Zip Code	2,000.00
Date  Full name of contributor  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#		PO Box 2 Hallettsville	Texas 77964	
Contributor address: City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address: City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address: City; State; Zip Code  Contributor address: City; State; Zip Code	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address: City: State: Zip Code  Contributor address: City: State: Zip Code	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	,			
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#)  Contributor address;  City; State; Zip Code	Principal occupa	ntion / Job title (See Instructions)	Employer (See Instruction	es)
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#)  Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)  Contributor address; City; State; Zip Code	•			
Contributor address; City; State; Zip Code	Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	Date	Full name of contributor out-of-state PAC	; (ID#)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City;	State; Zip Code	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)

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Revised 8/17/2020

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Grift/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)

neut cald Fayinors	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1	2 FILER NAME Kyle A. Denney		3 Filer ID (Ethio	cs Commission Filers
Date 12/8/2023	5 Payee name LCRP Primary Elections			
\$1,250.00	7 Payee address; PO BOX 656	City; Hallettsville	State; Texas	Zip Code 77964
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Fee to file for	place on ball	
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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	40	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX. officeholder livin	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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Revised 8/17/2020

#### 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: 5
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR FIRST Mr. Kyle	мі <b>А</b> .	OFFICE USE ONLY
NAME	NICKNAME LAST Denney	SUFFIX	FILED FOR RECORD AT 2: 10 o'clock
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2 Hallettsville, Tex	CITY: STATE: ZIP CODE XAS 77964	FEB 0 5 2024
Change of Address			Elections Administrator, Lavaca Count
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 ) PHONE NUMBER 798-5017	EXTENSION	Date Have delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRST Ms. Joy	MI	Receipt # Amount \$  Date Processed
TV WIL	NICKNAME LAST  Kutach	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT (519 CR 131A Hallettsville, Texas 77964	/ SUITE #; CITY;	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713 ) 213-4276	EXTENSION	
9 REPORT TYPE	January 15 30th day before  July 15 8th day before		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 1 24	THROUGH 1	25 Year 24
11 ELECTION	Month Day Year Primar  3 / 5 / 24 Gener	Description	
12 OFFICE	OFFICE HELD (if any) County Attorney, Lavaca Cour	nty County Attorney, L	
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE RECOMMITTEE TYPE COMMITTEE NAME  GENERAL COMMITTEE ADDRESS	RES MAY HAVE BEEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	SPECIFIC COMMITTEE CAMPAIGN TO		
	GO TO	O PAGE 2	

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CS.S

Revised 1/1/2024

~~~~			
15 C/OH NAME Kyle A. Denney		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUT PLEDGES, LOANS, OR GUARANTEES OF LO CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$ 1,198.30
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITUR	₹E.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAI     OF REPORTING PERIOD	NED AS OF THE LAST DAY	\$ 2,649.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAI LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accom-	anying report is true and co	rrect and includes all information
,,,	and to be reported by the didd! This 15, Election code		
		- Ell	-
		Signature of Candidate	or Officeholder
	2.5		
	Please complete either	option below:	
	and a state of the	200 - The Communication of the	
(1) Affidavit	SARA N. MICHNA Notary Public STATE OF TEXAS iD#12893665-0 My Comm. Exp. Dec. 11, 2025		
NOTARY STAMP/SEA			
Sworn to and subscribed	before me by Kyle A. Denney	this the 5th	day of February.
211	which, witness my hand and seal of office.		0
	icha SaraN.Michna		Notani
Signature of officer administe		Carry Carry	Title of officer administering oath
	OR		
(2) Unsworn Declarati	on		
My name is	, and	I my date of birth is	*
My address is			
	(street)	discourse Soldware C	(zip code) (country)
Executed in	County, State of , on the	day of (month)	, 20
		Signature of Candidate/Offic	eholder (Declarant)

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

	A. Denney	Filer ID (Ethics Commiss	ion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		48.30
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS		0.00
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		0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$	0.00

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

TO FILER

12.

0.00

S

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

т	he Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1: 1
2 FILER NAM Kyle A. D			3 Filer ID (Ethics Commission Filers)
4 Date 1/16/24	5 Full name of contributor put-of-state in Bill Torrey	PAC (ID#)	7 Amount of contribution (\$)
	6 Contributor address; City; PO Box 752 Cameron	State; Zip Code Texas 76520	
B Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruction State of Texas	ons)
Date 1/16/24	Full name of contributor out-of-state PAC (ID#:)  Peter Cenotti		Amount of contribution (\$) 800.00
	Contributor address; City; 6 Park Place Gonzales	State; Zip Code Texas 78629	
Principal oc nvestigato	ccupation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 1/16/24	Full name of contributor out-of-state I  James Fenner	PAC IID#:)	Amount of contribution (\$)
1/10/24	Contributor address; City; 206 FM 2616 Hallettsville	State: Zip Code Texas 77964	
Principal oc andman	ccupation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructi	ons)

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Revised 1/1/2024

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

T	The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	dule A2: 1
Kyle A. De			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date 1/12/24	그네는 보다를 잘 하고 있으면 하면 없어 살아가 되었다면 없는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	Zip Code 964	8 Amount of Contribution \$ \$48.30 Check if travel outs	9 In-kind contribution description Small information cards ide of Texas. Complete Schedule T.
10 Principal oc Banker	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	(1 acc) 1 acc)	FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	UDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			,
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		ide of Texas. Complete Schedule T. IAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor'	's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**Reset Page** 

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Kyle	мі А.	OFFICE USE ONLY
NAME	NICKNAME LAST Denney	SUFFIX F	LED FOR RECORD  3:03_0'clock _PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 2 Hallettsville, Texa	in .	FEB 2 6 2024  Tenia Hudson Rections Administrator, Lavaca County
75 West & 500 Common Co	4054 0005 DUONE NUMBER	FUETEVENE	y Plat
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 ) 798-5017	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  MS. Joy	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	D410 1 10000004
	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 519 CR 131A Hallettsville, Te		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713 ) 213-4276	EXTENSION	
9 REPORT TYPE	July 15 Sth day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 26 / 24	THROUGH 2	/ 24 / 24
11 ELECTION	Month Day Year Primary  3 / 5 / 24 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (# any) County Attorney, Lavaca Count	ty County Attorney, L	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE: CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME  GENERAL COMMITTEE ADDRESS	S MAY HAVE BEEN MADE WITHOUT THE CANI	OIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TRE		
	GO TO	PAGE 2	

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#### FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

SECRETARISM SERVICE SERVICE SERVICES				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTR PLEDGES, LOANS, OR GUARANTEES ( CONTRIBUTIONS MADE ELECTRONICA	OF LOANS, OR	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR G		\$	548.71
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPEN	DITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	3	s	0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MA     OF REPORTING PERIOD	INTAINED AS OF THE LAST D	AY \$	3,149.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OU' LAST DAY OF THE REPORTING PERIOD	아니다 이번 시간에 무슨 사람이 보다 그 때가면 살아 있다면 모든 것이 되었다면 보다 보다 보다 없다.	E \$	0.00
	wear, or affirm, under penalty of perjury, that the acquired to be reported by me under Title 15, Election Co			)
65		Signature of Candid	late or Officeholde	er
	Please complete ei	ther option below:	6	
(1) Affidavit	SANDRA HOELTER Notary Public, State of Texas			
NOTARY STAMP/SEA	Comm. Expires 08-24-2027 Notary ID 7752336			
NOTARY STAMP/SEA	Notary ID 7752336	this the 2	th day of Fr	elonary.
Sworn to and subscribed 20 24 , to certify	before me by Kyle A. Denney which, witness my hand and seal of office.		day of Fr	ebruay.
Sworn to and subscribed 20 24 to certify Sandia Hoel	before me by Kyle A. Denney which, witness my hand and seal of office.  Sandra Hoet	ter	TO THE CALL	clorusy,
Sworn to and subscribed 20 24 to certify Sandia Hoel	before me by Kyle A. Denney which, witness my hand and seal of office.  tec Sandra Hoekering oath  Printed name of officer admin	ter	TO THE CALL	
Sworn to and subscribed 20 24 to certify Sanda Hoel Signature of officer administe	before me by Kyle A. Denney which, witness my hand and seal of office.  Sandra Hoekering oath  Printed name of officer admin	ter	TO THE CALL	2110
Sworn to and subscribed 20 24 to certify Sanda Hoel Signature of officer administe  (2) Unsworn Declarati	before me by Kyle A. Denney which, witness my hand and seal of office.  Sandra Hoekering oath  Printed name of officer admin	les distering oath	Title of office	r administering oath
Sworn to and subscribed  20 24, to certify  Sanda Hoel  Signature of officer administe  (2) Unsworn Declaration  My name is	before me by Kyle A. Denney which, witness my hand and seal of office.  Sandra Hoekering oath  Printed name of officer admin	les distering oath	Title of office	r administering oath
Sworn to and subscribed  20 24, to certify  Sanda Hoel  Signature of officer administe  (2) Unsworn Declaration  My name is	before me by Kyle A. Denney which, witness my hand and seal of office.  Sandra Hoekering oath  Printed name of officer admin	istering oath _, and my date of birth is	Title of office	r administering oath
Sworn to and subscribed 20 24, to certify Sanda Hoel Signature of officer administe  (2) Unsworn Declarati  My name is  My address is	before me by Kyle A. Denney which, witness my hand and seal of office.  Sandra Hoekering oath  Printed name of officer admin	_, and my date of birth is(city) (state	Title of officer	r administering oath

	A. Denney	20 Filer ID (Ethics Cor	nmissior	n Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		1000	UBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR	BUTIONS	\$	48.71
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS	11	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	DLITICAL 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 PER	RSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	ITIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED	\$	0.00

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1
FILER NAMI			3 Filer ID (Ethics Commission Filers)
4 Date	John Stuart Fryer  6 Contributor address; City;	State; Zip Code Texas 77964	7 Amount of contribution (\$) 500.00
8 Principal occ Retired	cupation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
-	<u></u>	1	

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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Time	Kyle A. Denney  4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date  6 Full name of contributor	The Instruction Guide explains how to complete this form.			1 Total pages Sched	1		
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  Date    6   Full name of contributor	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  Date    6   Full name of contributor   out-of-state PAC (ID#:	FILER NAM	IE.		3 Filer ID (Ethics Co	ommission Filers)		
6 Full name of contributor	State   Stat	(yle A. De	nney					
Joy Kutach 7 Contributor address; City; State; Zip Code 519 CR 131A Hallettsville Texas 77964  O Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Banker 2 Contributor's principal occupation (FOR JUDICIAL)  4 Contributor's employer/law firm (FOR JUDICIAL)  Date  Full name of contributor  Contributor  Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete Sched  Peoples State Bank  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  For Judicial  Amount of Contribution S  Contributor address; City; State; Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Joy Kutach    Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy Kutach   Joy	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00			
519 CR 131A Hallettsville Texas 77964  Check if travel outside of Texas. Complete Scheology Check if travel outside of Texas. Complete Sch	519 CR 131A Hallettsville Texas 77964  Check if travel outside of Texas. Complete Check if travel outside of Texas. Complete Check if travel outside of Texas. Complete Peoples State Bank  11 Employer (FOR NON-JUDICIAL) (See Instruction Peoples State Bank  2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instruction Peoples State Bank  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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 out-of-state PAC (ID#: Amount of Contribution S Contribution S Contributor S S Contributor S Contributor S S S S S S S S S S S S S S S S S S S		Joy Kutach \$48.71 Large					
Banker  2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instruction  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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  Contributor address;  City;  State;  Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Banker  2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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  Out-of-state PAC (ID#:  Contributor \$\frac{1}{2}\$ Amount of Contribution \$\frac{1}{2}\$ In-kind contributor description  Contributor address; City; State; Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	1/29/24		AND PROPERTY.	Cip Code cards			
2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instruction of Contributor's spouse (if any) (FOR JUDICIAL)  15 Law firm 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 out-of-state PAC (ID#: Amount of Contribution S of Contribution S of Contribution S of Contribution S of Contributor S out-of-state PAC (ID#: Check if travel outside of Texas. Complete Scheol Check if travel outside of Texas. Complete Scheol Contributor's principal occupation (FOR JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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 out-of-state PAC (ID#: Amount of Contribution \$ In-kind		cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	The state of the s	A Strategical High constitutions	IAL)(See Instructions)		
Date    Full name of contributor	Date  Full name of contributor  Contributor address;  City;  State;  Zip Code  Check if travel outside of Texas. Complete  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	2 Contributor's	s principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)		
Date    Full name of contributor   out-of-state PAC (ID#:   Amount of Contribution \$   In-kind contribution description	Date    Full name of contributor   out-of-state PAC (ID#:	4 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)		
Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete Scheol Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	6 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's job title (FOR JUDICIAL) (See Instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	Date			Contribution \$	description		
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→ 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Contributor	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JI	UDICIAL) (See Instructions)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	2 September 12 Control	Contributors	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)		
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	If contributo	ir is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		П			

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Revised 1/1/2024

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE / A **OFFICEHOLDER** Kyle Mr. Date Received NAME SUFFIX LAST NICKNAME LED FOR RECORD Denney T 8:300'clock A M ZIP CODE APT / SUITE #; STATE: ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** PO Box 2, Hallettsville, TX 77964 JUL 17 2023 MAILING **ADDRESS** Amy Kloesel Change of Address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (361)798-5017 PHONE Amount \$ Receipt # FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** Ashley Date Processed Ms. NAME SUFFIX LAST NICKNAME Date Imaged Kocian ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER 503 E Fourth St., Hallettsville, TX 77964 **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN **TREASURER** 798-5017 (361 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) **Exceeded Modified** 8th day before election July 15 Reporting Limit Day Year Month Day Year 10 PERIOD Month 30 23 COVERED 23 THROUGH 1 ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Month Day Year Description Special 3 20 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE County Attorney, Lavaca Co. 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

		16 Filer ID (Ethics Commission Filers)
5 C/OH NAME (yle A. Denney		TO FIRST ID (Edition Commission 1997)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS     PLEDGES, LOANS, OR GUARANTEES OF LOANS     CONTRIBUTIONS MADE ELECTRONICALLY)	s (OTHER THAN s, OR \$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	s 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	the last day \$ 749.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDI     LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$ 0.00
	Jegl.	Signature of Candidate or Officeholder
	Please complete either o	option below:
(1) Affidavit  NOTARY STAMP/SE.	AMANDA L. ORSAK Notary Public, State of Texas Comm. Expires 06-03-2026 Notary ID 129840092	
	d before me by Kyle A. Denney	this the 17th day of July
	y which, witness my hand and seal of office.	Notacy Public
Signature of officer adminis	tering oath Printed name of officer administering o	oath Title of officer administering oa
(2) Unsworn Declara		
	, and	my date of birth is
	,	
	(street)	(city) (state) (zip code) (country)
Executed in	County, State of, on the	day of, 20 (year)
		Signature of Candidate/Officeholder (Declarant)
	whice state by us	Revised 8/17/

ER NAME	20 Filer ID (Ethics Cor	nmission	Filers)
A. Denney			
HEDULE SUBTOTALS ME OF SCHEDULE			IBTOTAL MOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
SCHEDULE E: LOANS		\$	0.00
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0.00
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$	0.00
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	:UNDS	\$	0.00
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0.00
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$	0.00
/	A. Denney  IEDULE SUBTOTALS IE OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FOR SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS.	A. Denney  IEDULE SUBTOTALS  IE OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	A. Denney  IEDULE SUBTOTALS IE OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

#### 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	5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kyle	мі А.	OFFICE U	SEONLY
Willia.	NICKNAME	Denney	SUFFIX	FILED FOR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2 Hallettsville,	APT / SUITE #; C	CITY; STATE; ZIP CODE	JAN 1 Tenia-h Elections Administra	ludson /
Change of Address				By 441	4
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 )	798-5017	EXTENSION	Date Hand-delivered or	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	Joy	MI	Receipt #	Amount S
NAME	NICKNAME	Kutach	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	519 CR 131	NO PO BOX PLEASE); APT / SE A Texas 77964	UITE # CITY,	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713 )	PHONE NUMBER 213-4276	EXTENSION	:	
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after treasurer appo (Officeholder (	pintment
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	Month THROUGH 12	Day Year / 31 / 23	
11 ELECTION	Month Day	Year Primary  24 General	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any) County Att	orney, Lavaca C	to. County Attorne		unty
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES 5 MAY HAVE BEEN MADE WITHOUT THE CAI RED TO REPORT THIS INFORMATION ONLY IF	NDIDATE'S OR OFFICEHOLDE	R'S KNOWLEDGE OR
✓ Additional Pages	GENERAL	COMMITTEE ADDRESS			
* Additional Laftes	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	du				

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#### FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

15 C/OH NAME Kyle A. Denney			16 Filer ID (Ethics C	Commission Filers)
Nyle A. Definey				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON- PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$	2,000.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	3	\$	1,250.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS M     OF REPORTING PERIOD	AINTAINED AS OF THE LAST	T DAY \$	1,499.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL O     LAST DAY OF THE REPORTING PERIO		THE \$	0.00
	Please complete e	either option below	:	
	Please complete e	•	ndidate or Officehol	der
		ı		
(1) Affidavit	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336			
NOTARY STAMP/SEA		)	1.	
Sworn to and subscribed	before me by Kyle A. Denney	this the	16 day of	Tanuary.
0 1 -1 -	which, witness my hand and seal of office.	re:	0.11	
Sundia Hoel		Charles point agree server	ALCOHOLOGICAL STREET,	Control Colored Colore
Signature of officer administr		inistering oath	Title of offic	er administering oath
	OR	The San		
(2) Unsworn Declarati	ion			
My name is		, and my date of birth is _		
My address is		F		
	(street)	(city) (st	tate) (zip code)	(country)
Executed in	County, State of , on t	he day of (month)	, 20, (year)	-
		Signature of Candida	ate/Officeholder (De	clarant)

19	FILER NAME 20 Filer ID (Ethics			on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		9	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s	2,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIL	BUTIONS	s	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s	0.00	
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	1,250.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	SONAL FUNDS	s	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT	TIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	LITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C	CONTRIBUTIONS RETURNED	\$	0.00

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Cyle A. De		3 Filer ID (Ethics Commission Filers)
Date 2/8/2023	5 Full name of contributor out-of-state PAC (ID#	2,000.00
Principal occ	cupation / Job title (See Instructions)  9 Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#	
Principal occu	upation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
Principal occ	upation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor  out-of-state PAC (ID#:  Contributor address;  City;  State; Zip Cod	
Principal occ	upation / Job title (See Instructions) Employer (See	e Instructions)

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Grift/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1	2 FILER NAME Kyle A. Denney		3 Filer ID (Ethics	Commission Filers)
Date 12/8/2023	5 Payee name LCRP Primary Elections			
Amount (\$) \$1,250.00	7 Payee address; PO BOX 656	City; Hallettsville	State; Texas	Zip Code 77964
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fee to file for	place on ball	
	(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/O	Candidate / Officeholder name	Office sought	c	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	din, TX, afficeholder living e	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	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	(d)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX. officeholder living e	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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CS.S

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Revised 8/17/2020

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

The C/OH Instruction (	Guide explains how to complete this	1 Filer ID (Et	hics Commission Filers)	2 Total pages filed: 5	5
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR FIRST Kyle	·	A.	OFFICE USE	ONLY
NOME	NICKNAME LAST Denne	у	SUFFIX	FILED FOR F AT 2: 10 o'clock	RECOR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2 Hallettsvill	e, Texas 77964	TE; ZIP CODE	FEB 05	2024 sop* /
Change of Address				Elections Administrator	Lavaca Count
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 ) PHONE NUMBER (361 ) 798-501		ENSION	Date Hand delivers or Da	te Postmarked
6 CAMPAIGN TREASURER NAME	Ms / MRS / MR FIRST Ms. Joy		MI	Date Processed	oun y
	NICKNAME LAST Kutacl	n	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE 519 CR 131A Hallettsville, Texas 7796		CITY;	STATE; ZIF	CODE
8 CAMPAIGN TREASURER PHONE	(713 ) 213-427		ENSION		
9 REPORT TYPE		ay before election	Runoff  Exceeded Modified Reporting Limit	15th day after cam treasurer appointm (Officeholder Only) Final Report (Attacl	ent
10 PERIOD COVERED	Month Day Y	ear 4 THROUGH	Month 1	25 Year 24	
11 ELECTION	BLECTION DATE  Month Day Year  3 / 5 / 24	Primary Runoff General Special	Other Description		
12 OFFICE	OFFICE HELD (if any) County Attorney, Lavaca		ty Attorney, L	avaca County	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CON THE CANDIDATE / OFFICEHOLDER. THESE E. CONSENT. CANDIDATES AND OFFICEHOLDER	XPENDITURES MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S	KNOWLEDGE OR
	COMMITTEE TYPE   COMMITTEE NAM	ME			
Additional Pages	GENERAL COMMITTEE ADD				
	SPECIFIC COMMITTEE CAM	MPAIGN TREASURER NAME			
	COMMITTEE CAI	MPAIGN TREASURER ADDRES	35		
_		O TO PAGE 2			

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Revised 1/1/2024

~~~~			
15 C/OH NAME Kyle A. Denney		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUT PLEDGES, LOANS, OR GUARANTEES OF LO CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$ 1,198.30
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITUR	₹E.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAI     OF REPORTING PERIOD	NED AS OF THE LAST DAY	\$ 2,649.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAI LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accom-	anying report is true and co	rrect and includes all information
,,,	and to be reported by the didd! This 15, Election code		
		- Ell	-
		Signature of Candidate	or Officeholder
	2.5		
	Please complete either	option below:	
	and a state of the	200 - The Communication of the	
(1) Affidavit	SARA N. MICHNA Notary Public STATE OF TEXAS iD#12893665-0 My Comm. Exp. Dec. 11, 2025		
NOTARY STAMP/SEA			
Sworn to and subscribed	before me by Kyle A. Denney	this the 5th	day of February.
211	which, witness my hand and seal of office.		0
	icha SaraN.Michna		Notani
Signature of officer administe		Carry Carry	Title of officer administering oath
	OR		
(2) Unsworn Declarati	on		
My name is	, and	I my date of birth is	*
My address is			
	(street)	discourse Soldware C	(zip code) (country)
Executed in	County, State of , on the	day of (month)	, 20
		Signature of Candidate/Offic	eholder (Declarant)

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

	A. Denney	Filer ID (Ethics Commiss	ion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	48.30
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS		0.00
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		0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$	0.00

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

TO FILER

12.

0.00

S

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

т	he Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1: 1	
2 FILER NAM Kyle A. D			3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/24	5 Full name of contributor put-of-state PAC (ID#) Bill Torrey		7 Amount of contribution (\$)	
	6 Contributor address; City; PO Box 752 Cameron	State; Zip Code Texas 76520		
B Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruction State of Texas	ons)	
Date Full name of contributor out-of-state PAC (ID#:		PAC (ID#)	Amount of contribution (\$) 800.00	
	Contributor address; City; 6 Park Place Gonzales	State; Zip Code Texas 78629		
Principal oc nvestigato	ccupation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 1/16/24	Full name of contributor out-of-state PAC (ID#:)  James Fenner		Amount of contribution (\$)	
	Contributor address; City; 206 FM 2616 Hallettsville	State: Zip Code Texas 77964		
Principal oc andman	ccupation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructi	ons)	

Forms provided by Texas Ethics Comm

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Revised 1/1/2024

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

1500 Miles (1500 M			(110, 111, 111, 111, 111, 111, 111, 111,	
1	The Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2: 1
Yele A. De			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL (	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00	
5 Date 1/12/24	6 Full name of contributor out-of-state PAC (ID#	Zip Code 964	8 Amount of   9 In-kind contribution description   \$48.30   Small information cards   Check if travel outside of Texas. Complete Schedule	
10 Principal oc Banker	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	10.500	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor	's principal occupation (FOR JUDICIAL)	Period and the second and the second		UDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$ Check if travel outs	In-kind contribution description I I I I I I I I I I I I I I I I I I I
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	UDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**Reset Page** 

The C/OH Instruction (	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Kyle	мі А.	OFFICE USE ONLY
NAME	NICKNAME LAST Denney	SUFFIX F	LED FOR RECORD  3:03_o'clock _PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 2 Hallettsville, Texa	in .	FEB 2 6 2024  Tenia Hudson Rections Administrator, Lavaca County
75 W-50 & 5 CC C	4054 0005 DUONE NUMBER	FUETEVENE	y Plat
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 ) 798-5017	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MS. Joy	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	54,017000000
	Kutach	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 519 CR 131A Hallettsville, Te		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713 ) 213-4276	EXTENSION	
9 REPORT TYPE	July 15 Sth day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 26 / 24	THROUGH 2	/ 24 / 24
11 ELECTION	Month Day Year Primary  3 / 5 / 24 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) County Attorney, Lavaca Count	ty County Attorney, L	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE: CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME  GENERAL COMMITTEE ADDRESS	S MAY HAVE BEEN MADE WITHOUT THE CANI	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TRE		
	GO TO	PAGE 2	

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#### FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

Kyle A. Denney			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (O PLEDGES, LOANS, OR GUARANTEES OF LOANS, OF CONTRIBUTIONS MADE ELECTRONICALLY)	•	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	548.71
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS     OF REPORTING PERIOD	OF THE LAST DAY \$	3,149.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING L LAST DAY OF THE REPORTING PERIOD	OANS AS OF THE \$	0.00
	ewear, or affirm, under penalty of perjury, that the accompanying quired to be reported by me under Title 15, Election Code	Teport a riag and correct and	Thomas an inomato
60	Sigr	nature of Candidate or Officer	nolder
	Please complete either option	on below:	
(1) Affidavit	SANDRA HOELTER	on below:	
	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336	on below:	
NOTARY STAMP/SEA	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336		February.
NOTARY STAMP/SEA Sworn to and subscribed 20 24 to certify	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Devney which, witness my hand and seal of office.	this the 26 <sup>th</sup> day of	February.
NOTARY STAMP/SEA Sworn to and subscribed 20 24, to certify Sanda Hoel	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Denney which, witness my hand and seal of office.  Sandra Hoelter	_ this the 26th day of Notary	February,
NOTARY STAMP/SEA  Sworn to and subscribed  20 24, to certify  Sandia Hoel	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Devney which, witness my hand and seal of office.  Sandra Hoetter ering oath  Printed name of officer administering oath	_ this the 26th day of Notary	
NOTARY STAMP/SEA  Sworn to and subscribed  20 24 , to certify  Sando Hoel  Signature of officer administer	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Devney which, witness my hand and seal of office.  Sandra Hoetter ering oath Printed name of officer administering oath	_ this the 26th day of Notary	
NOTARY STAMP/SEA  Sworn to and subscribed  20 24, to certify  Sanden Hoel  Signature of officer administer  (2) Unsworn Declarati	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Devney which, witness my hand and seal of office.  Sandra Hoetter ering oath Printed name of officer administering oath	this the 26th day of Notary 1	fficer administering oath
NOTARY STAMP/SEA  Sworn to and subscribed  20 24, to certify  Sounding Hoel  Signature of officer administer  (2) Unsworn Declaration  My name is	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Devney which, witness my hand and seal of office.  Sandra Hoetter ering oath Printed name of officer administering oath on	this the 26th day of Notary 1	fficer administering oath
NOTARY STAMP/SEA  Sworn to and subscribed  20 24, to certify  Sandra Hoel  Signature of officer administe  (2) Unsworn Declarati  My name is	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Devney which, witness my hand and seal of office.  Sandra Hoetter ering oath Printed name of officer administering oath on  and my da	this the 26 <sup>th</sup> day of  Notary 1  Title of o	fficer administering oath
Sworn to and subscribed  20 24, to certify  Sounded Hoel  Signature of officer administe  (2) Unsworn Declarati  My name is  My address is	SANDRA HOELTER Notary Public, State of Texas Comm. Expires 08-24-2027 Notary ID 7752336  before me by Kyle A. Devney which, witness my hand and seal of office.  Sandra Hoetter ering oath Printed name of officer administering oath on	this the 26th day of Notary Title of o	fficer administering oath

	ER NAME A. Denney	20 Filer ID (Ethics Con	mmissior	n Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		1000	UBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$	48.71
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	LITICAL 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 PER	SONAL FUNDS	\$	0.00
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 TO FILER	CONTRIBUTIONS RETURNED	\$	0.00

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1
FILER NAMI			3 Filer ID (Ethics Commission Filers)
4 Date	John Stuart Fryer  6 Contributor address; City;	State; Zip Code Texas 77964	7 Amount of contribution (\$) 500.00
8 Principal occ Retired	cupation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
74	*	1	

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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Time	Kyle A. Denney  4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date  6 Full name of contributor	- 11	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	1
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  Date    6   Full name of contributor	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  Date    6   Full name of contributor   out-of-state PAC (ID#:	FILER NAM	E	1	3 Filer ID (Ethics Co	ommission Filers)
6 Full name of contributor	State   Stat	(yle A. De	nney			
Joy Kutach 7 Contributor address; City; State; Zip Code 519 CR 131A Hallettsville Texas 77964  O Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Banker 2 Contributor's principal occupation (FOR JUDICIAL)  4 Contributor's employer/law firm (FOR JUDICIAL)  Date  Full name of contributor  Contributor  Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete Sched  Peoples State Bank  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  For Judicial  Amount of Contribution S  Contributor address; City; State; Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Joy Kutach    Joy Kutach   Joy	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
519 CR 131A Hallettsville Texas 77964  Check if travel outside of Texas. Complete Scheology Check if travel outside of Texas. Complete Sch	519 CR 131A Hallettsville Texas 77964  Check if travel outside of Texas. Complete Check if travel outside of Texas. Complete Check if travel outside of Texas. Complete Peoples State Bank  11 Employer (FOR NON-JUDICIAL) (See Instruction Peoples State Bank  2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instruction Peoples State Bank  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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 out-of-state PAC (ID#: Amount of Contribution S Contribution S Contributor S S Contributor S Contributor S S S S S S S S S S S S S S S S S S S				Contribution \$	
Banker  2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instruction  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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  Contributor address;  City;  State;  Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Banker  2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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  Out-of-state PAC (ID#:  Contributor \$\frac{1}{2}\$ Amount of Contribution \$\frac{1}{2}\$ In-kind contributor description  Contributor address; City; State; Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	1/29/24		AND THE PROPERTY OF	Check if travel outs	
2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instruction of Contributor's spouse (if any) (FOR JUDICIAL)  15 Law firm 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 out-of-state PAC (ID#: Amount of Contribution S of Contribution S of Contribution S of Contribution S of Contributor S out-of-state PAC (ID#: Check if travel outside of Texas. Complete Scheol Check if travel outside of Texas. Complete Scheol Contributor's principal occupation (FOR JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	2 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm 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 out-of-state PAC (ID#: Amount of Contribution \$ In-kind		cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	State of the state	A Strategical High constitutions	IAL)(See Instructions)
Date    Full name of contributor	Date  Full name of contributor  Contributor address;  City;  State;  Zip Code  Check if travel outside of Texas. Complete  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	Contributor's	s principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)
Date    Full name of contributor   out-of-state PAC (ID#:   Amount of Contribution \$   In-kind contribution description	Date    Full name of contributor   out-of-state PAC (ID#:	4 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete Scheol Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's job title (FOR JUDICIAL) (See Instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See Instructions)	Date			Contribution \$	description
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)		Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		
→ 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Contributors	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JI	UDICIAL) (See Instructions)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		П	

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