

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Kenneth MI: M. NICKNAME: LAST: Ussery SUFFIX:	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY RECEIVED Date Received: APR 07 2025 McKinney ISD Superintendent's Office </div> <div style="margin-top: 10px;"> Date Hand-delivered or Date Postmarked: 4/7/25 AB Receipt # Amount \$ Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6305 Canyon Crest McKinney, TX 75071		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 832-2773		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Scott MI: NICKNAME: LAST: Lewis SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4273 Waterstone Estates Dr. McKinney, TX 75071 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 673-9100		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 14 / 2025 THROUGH 03 / 31 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) MISD Place 2	13 OFFICE SOUGHT (if known) MISD Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

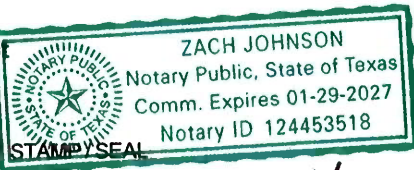
15 C/OH NAME <u>Kenneth M. Ussery</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,495 4,995. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,995. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,143.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,143.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,995. ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Kenneth Ussery
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Kenneth Ussery this the 7 day of April, 2025, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Zach Johnson Title of officer administering oath Notary Public

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Kenneth M. Gssery</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,995.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,143.62
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1084
2 FILER NAME Kenneth M. Lussery		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Phillips	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code 3705 Landsdowne McKinney Tx 75072		
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) Direction 613
Date 2/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Douthit	Amount of contribution (\$) \$ 200.-
Contributor address; City; State; Zip Code 918 Parkwood Ct McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina Craig	Amount of contribution (\$) \$ 500.-
Contributor address; City; State; Zip Code 2221 Woodbridge Dr McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 2/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendell E. McGuire	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code 6001 Greywell St. McKinney, Tx 75072		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 4
2 FILER NAME Kenneth M. Ussery		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivan Hinderer	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 102 Westwood Cir McKinney Tx 75072		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Parker	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5905 Autumn Point Dr McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Ussery	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 209 N. Kentucky McKinney Tx 75069		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 3/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashleigh Fanning	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2913 Laurel Oak Dr McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Community Liaison		Employer (See Instructions) Baylor Scott + White

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 & 4
2 FILER NAME Kenneth M. ussery		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Ellis	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 7009 Denat. Dr McKinney Tx 75070		
8 Principal occupation / Job title (See Instructions) Escrow Officer		9 Employer (See Instructions) WG Title
Date 3/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne-Marie Self	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4407 Seville Ln McKinney Tx 75070		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) McKinney ISD
Date 3/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don't know. Cash donation by	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Dandkell Family Trust	Amount of contribution (\$) \$ 200.-
Contributor address; City; State; Zip Code 1504 Windsor Dr McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Family Trust		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 4
2 FILER NAME Kenneth M. Ussery		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don't know, cash in donation box	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 7002 Old York Rd McKinney, TX 75072		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
house wife		n/a
Date 3/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angie Bado	Amount of contribution (\$) \$200.-
Contributor address; City; State; Zip Code 7002 Old York Rd McKinney, TX 75072		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Realtor		Russell Realty
Date 3/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Rudinger	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 812 Moss Cliff Cr. McKinney, TX 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Realtor		Russell Realty
Date 3/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian + Jill Reagan	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1605 Moss Cliff Cir. McKinney, TX 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Businessman		Better Business Bureau

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10F2	2 FILER NAME: Kenneth M. Ussery	3 Filer ID (Ethics Commission Filers)
4 Date: 2/25/25	5 Payee name: Alpha Graphics	
6 Amount (\$): \$234.20	7 Payee address; City; State; Zip Code: 1717 W. University Dr Suite 407 McKinney, TX 75069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Door hangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 1/23/25	Payee name: Alpha Graphics	
Amount (\$): \$226.94	Payee address; City; State; Zip Code: 1717 W. University Dr Suite 407 McKinney, TX 75069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Street Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 2/24/25	Payee name: Alpha Graphics	
Amount (\$): \$1407.09	Payee address; City; State; Zip Code: 1717 W. University Dr Suite 407 McKinney, TX 75069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Kenneth M. Ussery	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/25	5 Payee name Market Street	
6 Amount (\$) \$680.39	7 Payee address; City; State; Zip Code 6100 Eldorado Pkwy McKinney Tx 75078	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food + Beverage	(b) Description Food + Bev for kickoff event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/25	Payee name Install Connect	
Amount (\$) \$560.-	Payee address; City; State; Zip Code 505 W. State St. Garland Tx 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Installation of street signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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