

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 J | OFFICE USE ONLY | |
| | NICKNAME | LAST Chalk | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| | 4214 Crestview LN Mansfield, TX 76063 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Received | |
| | (313) | 706-1566 | | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Dennis | MI | Receipt # | |
| | NICKNAME | LAST Ellis | SUFFIX | Amount \$ | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| | 6955 Navigation Dr Grand Prairie Tx 76054 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Processed | |
| | (214) | 236-3106 | | Date Imaged | |
| 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 1 / 1 / 2021 | | THROUGH Month Day Year 3 / 31 / 2021 | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month Day Year 5 / 1 / 2021 | <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) | 13 OFFICE SOUGHT (if known) MISD Board Trustee Place 1 | | | |
| 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME | | |
| | | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Kenneth J Chalk 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) | \$ 290.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 290.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 2,289.17 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,289.17 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 138.63 |
| 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 J Chalk
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Kenneth J. Chalk and my date of birth is 9/25

My address is 4214 Crestview LN Mansfield TX 7606 Tarrant
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of TX, on the 1 day of APR, 2021.
(month) (year)

Kenneth J. Chalk
Signature of Candidate/Officeholder (Declarant)

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B: | |
| 2 FILER NAME Kenneth J. Chalk | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 290 | |
| 5 Date 3/29/21 | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIKA SIMS | 8 Amount of Pledge \$ 100 | 9 In-kind contribution description |
| | 7 Pledgor address; City; State; Zip Code 2405 Carrington mansfield, TX 76063 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) Human Resources | | 11 Employer (See Instructions) FORT WORTH ISD | |
| Date 3/28/21 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Garrett | Amount of Pledge \$ 100 | In-kind contribution description |
| | Pledgor address; City; State; Zip Code 2059 Willow Bend DR Oak Leaf, TX 75154 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 3/23/21 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marica Menyweather | Amount of Pledge \$ 25 | In-kind contribution description |
| | Pledgor address; City; State; Zip Code 1505 Oslo DR Garland, TX 75040 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) UNKNOWN | | Employer (See Instructions) UTSW | |
| Date 3/27 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN COLE | Amount of Pledge \$ 25. | In-kind contribution description |
| | Pledgor address; City; State; Zip Code 2724 Ferdinand Grand Prairie, TX 75054 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B: | |
| 2 FILER NAME Kenneth J. Chalk | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ | |
| 5 Date 3/19/21 | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Simmons | 8 Amount of Pledge \$ 25 | 9 In-kind contribution description |
| 7 Pledgor address; City; State; Zip Code 1345 HWY 1187 Ste 121 Mansfield, TX 76063 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) Self-employed | | 11 Employer (See Instructions) STATE FARM | |
| Date 3/19/21 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebony TURNER | Amount of Pledge \$ 5 | In-kind contribution description |
| Pledgor address; City; State; Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) Self Employed (Lawyer) | | Employer (See Instructions) Business Owner | |
| Date 3/21/21 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) AVA TOVAR | Amount of Pledge \$ 10 | In-kind contribution description |
| Pledgor address; City; State; Zip Code PO Box 182365 ARLINGTON, TX 76096 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) UNKNOWN | | Employer (See Instructions) unknown | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| Pledgor address; City; State; Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule G: | 2 FILER NAME Kenneth J. Chalk | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/22/2024 | 5 Payee name Taylor Made | |
| 6 Amount (\$) 2,137.80 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 2363 US 287 Frontage Rd #106 Mansfield, TX 76063 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing | (b) Description yard signs, Door hangers |
| | <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 Kenneth J. Chalk | Office sought / Office held MISD Trustee Place 1 |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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 |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME Kenneth J. Chalk | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|----------------------------------|---------------------------------------|

| | |
|--------------------|---------------------------------|
| 4 Date 3/1/2021 | 5 Business name Kendall Mays |
|--------------------|---------------------------------|

| | | | | |
|---------------------|---|-------|--------|-----------|
| 6 Amount (\$) 50 | 7 Business address: 2363 US 287 Frontage Rd # 106 Mansfield, TX 76063 | City: | State: | Zip Code: |
|---------------------|---|-------|--------|-----------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Photo |
| | (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 Kenneth J. Chalk | Office sought MISD Trustee Place 1 | Office held |
|--|---|---------------------------------------|-------------|

| | |
|-----------------|--------------------------|
| Date 3/28/21 | Business name Staples |
|-----------------|--------------------------|

| | | | | |
|----------------------|--|-------|--------|-----------|
| Amount (\$) 92.77 | Business address: 1781 US HW 287 Mansfield, TX 76063 | City: | State: | Zip Code: |
|----------------------|--|-------|--------|-----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing | Description Postcards |
| | <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 Kenneth J. Chalk | Office sought MISD Trustee Place 1 | Office held |
|--|---|---------------------------------------|-------------|

| | |
|-----------------|-------------------------|
| Date 3/30/21 | Business name Anedot |
|-----------------|-------------------------|

| | | | | |
|---------------------|---|-------|--------|-----------|
| Amount (\$) 8.60 | Business address: 5555 Hilton Ave Baton Rouge, LA 70808 | City: | State: | Zip Code: |
|---------------------|---|-------|--------|-----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Fees for services |
| | <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 Kenneth J. Chalk | Office sought MISD Trustee Place 1 | Office held |
|--|---|---------------------------------------|-------------|

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