

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 <u>Saijae</u> FIRST <u>A</u> MI NICKNAME <u>Kenneleff</u> LAST SUFFIX | | | OFFICE USE ONLY Date Received <u>4/13/25</u> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: [REDACTED] | | | APT / SUITE #: | CITY: STATE: ZIP CODE: |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | | AREA CODE [REDACTED] | PHONE NUMBER EXTENSION |
| 6 CAMPAIGN TREASURER NAME MS / MRS / MR <u>Jonathan</u> FIRST <u>Aneke</u> MI NICKNAME LAST SUFFIX | | | Date Hand-delivered or Date Postmarked <u>4/13/25</u> Receipt # [REDACTED] Amount \$ [REDACTED] Date Processed <u>4/13/25</u> Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) [REDACTED] | | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: | CITY: STATE: ZIP CODE: |
| 8 CAMPAIGN TREASURER PHONE | | | AREA CODE [REDACTED] | PHONE NUMBER EXTENSION |
| 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 <u>02</u> Day <u>14</u> Year <u>/25</u> | Month <u>04</u> Day <u>03</u> Year <u>/25</u> |
| 11 ELECTION | | | ELECTION DATE Month <u>05</u> Day <u>03</u> Year <u>/25</u> | 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) | 13 OFFICE SOUGHT (if known) <u>Mayor</u> |
| 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 COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | |
| | | | COMMITTEE ADDRESS | |
| | | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

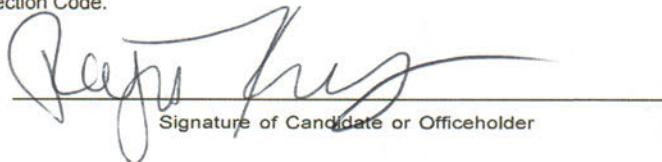
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | | |
|----------------------------|---|------|--|
| 15 C/OH NAME | Rajae Kennedy | | 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) | \$ 0 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 | 122.49 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 | |
| OUTSTANDING LOAN TOTALS | | | |

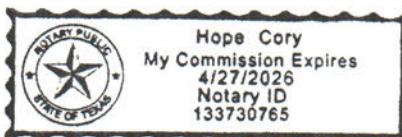
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rajae Kennedy this the 3rd day of April,
20 25, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Hope Cory Baskin Printed name of officer administering oath

City Secretary Title of officer administering oath

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 | 20 Filer ID (Ethics Commission Filers) |
| <i>Jeffrey Kennedy</i> | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>122.49</i> |
| 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 | \$ |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|---|-------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 1 | Rajae Kennedy | | |
| 4 Date | 5 Payee name | | |
| 02/14/25 | City of Melissa | | |
| 6 Amount (\$) \$100 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: 3411 Barker Ave | City: Melissa State: TX Zip Code: 75454 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Eus | (b) Description ott filing fee | |
| | (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 Rajae Kennedy | Office sought Mayor | Office held |
| Date 03/27/25 | Payee name Jiffy.com | | |
| Amount (\$) \$8.66 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: 1000 N. West St Suite 1200 | City: Wilmington State: DE Zip Code: 19801 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description DTF for shirts | |
| | <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 Rajae Kennedy | Office sought Mayor | Office held |
| Date 03/21/25 | Payee name Fonos Inc | | |
| Amount (\$) \$13.83 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: 2nd Floor Severe 100 N. 18th St Suite 200 Philadelphia, PA 19103 | City: Philadelphia State: PA Zip Code: 19103 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description versite ad | |
| | <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 Rajae Kennedy | Office sought Mayor | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED