

# 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 Filer)	2 Total pages filed: <u>4</u>					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Rylee</u> FIRST <u>A</u> MI NICKNAME LAST <u>Kennedy</u> SUFFIX		<b>OFFICE HELD OR POSITION</b> <small>Office of the City of Melissa, Texas</small> Date Received  Date Hand-delivered or Date Postmarked <u>4/25/25</u> Receipt # <u></u> Amount <u></u> Date Processed <u>4/28/25</u> Date Imaged						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u></u> APT / SUITE #: <u></u> CITY: <u></u> STATE: <u></u> ZIP CODE: <u></u>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u></u> PHONE NUMBER <u></u> EXTENSION <u></u>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Dorothy</u> FIRST <u>D</u> MI NICKNAME LAST <u>Anneke</u> SUFFIX								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) <u></u> APT / SUITE #: <u></u> CITY: <u></u> STATE: <u></u> ZIP CODE: <u></u>								
8 CAMPAIGN TREASURER PHONE	AREA CODE <u></u> PHONE NUMBER <u></u> EXTENSION <u></u>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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>04</u> Day <u>04</u> Year <u>25</u>	THROUGH		Month <u>04</u> Day <u>25</u> Year <u>2025</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)	<small>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.</small> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME								
	COMMITTEE ADDRESS								
	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								
<b>GO TO PAGE 2</b>									

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***Rajae Kennedy***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE**

		<b>SUBTOTAL AMOUNT</b>
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	\$ 124.83
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: <i>Rejae Lannelef</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>6/20/05</i>	5 Payee name: <i>minute man press</i>	6 Amount (\$):
		7 Payee address: <i>1502 W University Dr McKinney TX 75069</i>
8 PURPOSE OF EXPENDITURE: <i>Advertising Expense</i>		(a) Category (See Categories listed at the top of this schedule) <i>Signs</i>
		(b) Description <i>signs</i>
		(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: <i></i> Office sought: <i></i> Office held: <i></i>
Date	Payee name	
Amount (\$)	Payee address:	City: <i></i> State: <i></i> Zip Code: <i></i>
<input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) <i></i> Description <i></i>
		<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: <i></i> Office sought: <i></i> Office held: <i></i>
Date	Payee name	
Amount (\$)	Payee address:	City: <i></i> State: <i></i> Zip Code: <i></i>
<input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) <i></i> Description <i></i>
		<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: <i></i> Office sought: <i></i> Office held: <i></i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

