

# 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: <u>4</u> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <u>Rajae</u> FIRST <u>A</u> MI<br>NICKNAME LAST <u>Kennedy</u> SUFFIX  | OFFICE USE ONLY<br>Date Received<br>CITY OF MELISSA, TEXAS<br>Date Hand-delivered or Date Postmarked: <u>4/25/25</u><br>Receipt # Amount<br>Date Processed: <u>4/28/25</u><br>Date Imaged |                               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS   | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE<br>[Redacted]   |   |                               |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>[Redacted]   |   |                               |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <u>Dorotrian</u> FIRST <u>D</u> MI<br>NICKNAME LAST <u>Anelle</u> SUFFIX   | Date Hand-delivered or Date Postmarked: <u>4/25/25</u><br>Receipt # Amount<br>Date Processed: <u>4/28/25</u><br>Date Imaged   |                               |
| 7 CAMPAIGN TREASURER ADDRESS   | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE<br>[Redacted]  |   |                               |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>[Redacted]   |   |                               |
| 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)<br><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 Day Year    Month Day Year<br><u>04/04/25</u> THROUGH <u>04/25/2025</u>  |   |                               |
| 11 ELECTION  | ELECTION DATE: Month Day Year <u>05/03/25</u><br>ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |   |                               |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><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<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE   | COMMITTEE NAME  |                               |
|  |  | COMMITTEE ADDRESS   |                               |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME   |                               |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                               |

GO TO PAGE 2



# 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

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                        | \$ 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:<br><b>1</b>   |  | 2 FILER NAME<br><b>Rejae Kneeleigh</b>   |  | 3 Filer ID (Ethics Commission Filers)                                     |  |
| 4 Date<br><b>6/22/25</b>  |  | 5 Payee name<br><b>Minuteman Press</b>   |  |   |  |
| 6 Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address:<br><b>1502 W University Dr<br/>McKinney, TX 75069</b>                         |  | City; State; Zip Code   |  |
| 8 PURPOSE OF EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |  | (b) Description<br><b>signs</b>   |  |
|   |  | (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  |  | Payee name   |  |   |  |
| Amount (\$)<br><br><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 (\$)<br><br><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



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                   |   |  |
|-----------------------------------|---|--|
| 15 C/OH NAME <u>Raeae Kennedy</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) | \$ 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   | \$ 124.83                              |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0                                   |
| 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.

Raeae Kennedy  
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 \_\_\_\_\_

## (2) Unsworn Declaration

My name is Raeae Kennedy, and my date of birth is [REDACTED]  
My address is [REDACTED] Melissa TX 75001 US  
(city) (state) (zip code) (country)

Executed in Collin County, State of TX, on the 25<sup>th</sup> day of April, 2025  
(month) (year)

Raeae Kennedy  
Signature of Candidate/Officeholder (Declarant)