

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00089108	<b>2 Total pages filed:</b> 5
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI
	Mr.	Kenneth	
	NICKNAME	LAST	SUFFIX
	Ken	Seligman	
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	512 Buckeye Avenue  Princeton, TX 75407		
<input type="checkbox"/> Change of Address			
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(940)	521-6202	
<b>6 REPORT TYPE</b>	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election
	<input type="checkbox"/> Runoff		
<b>7 PERIOD COVERED</b>	Month	Day	Year
	10/14/2024		
	THROUGH		
		Month	Day
		11/05/2024	
<b>8 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/05/2024		
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>9 FILER ACTIVITY</b>	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported
			B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported
			B. Opposed
	3. Officeholders Assisted		
	(Identify by name or, if applicable, classify by party.)		
<b>GO TO PAGE 2</b>			

<b>OFFICE USE ONLY</b>	
Date Received	
ELECTRONICALLY FILED	
11/08/2024	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

**DIRECT CAMPAIGN EXPENDITURES  
CAMPAIGN FINANCE REPORT**

**FORM DCE  
COVER SHEET PG 2**

<b>10 FILER NAME</b> Seligman, Kenneth (Mr.)		<b>11 Filer ID</b> (Ethics Commission Filers) 00089108
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 709.96

**13 AFFIDAVIT**

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.

Mr. Kenneth Seligman

\_\_\_\_\_  
Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

Page 3 of 5

<b>10 FILER NAME</b> Seligman, Kenneth (Mr.)	<b>11 Filer ID</b> (Ethics Commission Filers) 00089108
---	---

<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Mr. Terrance Johnson City of Princeton, City Council Place 1
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Mr. Eugene Escobar City of Princeton Mayor
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
4 of 5

<b>14 FILER NAME</b> Seligman, Kenneth (Mr.)		<b>15 Filer ID</b> (Ethics Commission Filers) 00089108
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 709.96
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	<b>2</b> FILER NAME Seligman, Kenneth (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089108
<b>4</b> Date 11/05/2024	<b>5</b> Payee name Meta Platforms	
<b>6</b> Amount (\$) \$303.32  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 Meta Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Facebook
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Meta Platforms	
Amount (\$) \$263.32  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Meta Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Facebook
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Meta Platforms	
Amount (\$) \$143.32  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Meta Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Facebook
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held