#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083387 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Kennon L. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Wooten CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** Colorado Tower MAILING Amount Receipt # **ADDRESS** 303 Colorado Street, Ste. 2400 Change of Address Austin, TX 78701-4654 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Mingfei NAME NICKNAME LAST **SUFFIX** Alice Υi **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 6200 Brodie Lane **ADDRESS** (Residence or Business) Austin, TX 78745 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 658-7687 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 08/23/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 250

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 4

13 C / OH NAME	Wooten, Kennon L. (	Ms.)	<b>14</b> Filer ID 00083387	(Ethics Commission Filers)				
15 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.							
Additional Pages	COMMITTEE TYPE							
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS(OTHER THAN	 N PLEDGES, LOANS,					
TOTALS	OR GUARANTE	\$ 0.00						
	2. TOTAL POLIT (OTHER THAN	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00						
	4. TOTAL POLIT	<b>\$</b> 939.56						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 0.00						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	\$ 0.00						
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
	Ms. Kennon L. Wooten							
	Signature of Candidate or Officeho							
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath				

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

				3 of 4
18 FILE	ER NAM oten, K	(Ethics Commission Filers)		
20 SCH NAM	HEDULE ME OF S	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 939.56
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awa	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor			T T	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Fayment		The In	struction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2	FILER NAME				3 F	iler ID (Ethics (	Commission Filers)	
	Sch: 1/1 Rpt: 4/4		Wooten, Kennon	L. (Ms.)			0	0083387		
4	Date	5	Payee name				•			
	11/17/2024		Beller, Alicia							
6	Amount (\$)	7								
	\$250.00		3011 Sunland Dr.							
	Reimbursement from		COLL CAMARIO DI							
	political contributions intended		Austin, TX 78748							
8	PURPOSE	(a)	Category (See Category	ories listed at the top of this sch	nedule)	(b) Description	Chec	ck if travel outside of Te	xas. Complete Schedule T.	
	OF EXPENDITURE		Consulting Expen	Consulting Expense		ck if Austin, TX, officeho	older living expense			
	EXI ENDITORE					Photo session se	ervice	es		
9	Complete ONLY if direct	Cai	ndidate/Officeholder r	name		Office sought		Office h	ield	
	expenditure to benefit C/OH									
	Date		Payee name							
	11/20/2024		CCR Studios							
Amount (\$) Payee			Payee address;							
	\$648.42 9501 Argyle Drive									
	Reimbursement from		000 <u>-</u> 7gy.0-20							
	x political contributions intended		Austin, TX 78749							
	PURPOSE		Category (See Catego	ories listed at the top of this sch	nedule)	Description	=		xas. Complete Schedule T.	
	OF EXPENDITURE		Consulting Expen	se			Chec	ck if Austin, TX, officeho	older living expense	
						Photography				
		Cai	ndidate/Officeholder r	name		Office sought		Office h	ield	
	expenditure to benefit C/OH									
		_								
	Date		Payee name							
	10/24/2024		Checkmark Types	setting						
	Amount (\$)		Payee address;	City; State	; Zip Co	ode				
	\$41.14		3217 North IH 35							
	Reimbursement from									
	X political contributions intended		Austin, TX 78722							
	PURPOSE	$\vdash$	Category (See Catego	ories listed at the top of this sch	nedule)	Description	Chec	ck if travel outside of Te	xas. Complete Schedule T.	
	OF		Printing Expense	·	,	l Ė	Chec	ck if Austin, TX, officeho	older living expense	
EXPENDITURE '''		g —			nametags					
	Complete ONLY if direct	Cai	ndidate/Officeholder r	name		Office sought		Office h	neld	
	expenditure to benefit	_ 0.1	2	<del>-</del>		223 0009.10		2301		
	C/OH									