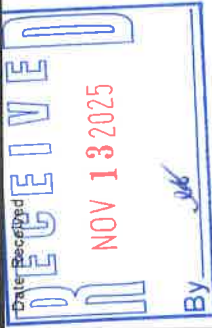


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p> <p>1 Filer ID (Ethics Commission Filers) 2 Total pages filed:</p>		<p>OFFICE USE ONLY</p> 	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: <u>Mrs.</u> MI: <u>M</u> NICKNAME: <u>Kim</u> LAST: <u>Webb</u> SUFFIX: <u></u> FIRST: <u>Kimberly</u></p>	<p>ADDRESS / PO BOX: <u>Po Box 208</u> CITY: <u>OAKHURST TX</u> STATE: <u>TX</u> ZIP CODE: <u>77359</u> APT / SUITE #: <u></u></p>	<p>RECEIPT # Amount \$</p> <p>DATE PROCESSED</p> <p>DATE IMAGED</p>
<p><input type="checkbox"/> Change of Address</p> <p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE: <u>(254)</u> PHONE NUMBER: <u>371 4583</u> EXTENSION: <u></u></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: <u>Mr.</u> MI: <u></u> NICKNAME: <u>Webb</u> LAST: <u>Jared</u> SUFFIX: <u>C</u> FIRST: <u>Jared</u></p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): <u>101 Webb Rd</u> CITY: <u>OAKHURST TX</u> STATE: <u>TX</u> ZIP CODE: <u>77359</u> <u>APT / SUITE #:</u></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE: <u>(930)</u> PHONE NUMBER: <u>602 5857</u> EXTENSION: <u></u></p>		
<p>9 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</p> <p><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)</p>		
<p>10 PERIOD COVERED</p>	<p>Month / Day / Year THROUGH Month / Day / Year</p> <p><u>10 / 29 / 2025</u> <u>THROUGH</u> <u>11 / 12 / 2025</u></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month / Day / Year</p> <p><u>3 / 3 / 20</u></p>	<p>ELECTION TYPE</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input type="checkbox"/> General <input type="checkbox"/> Special</p>	<p>COMMITTEE NAME</p>
<p>12 OFFICE</p>	<p>OFFICE HELD (if any): <u>JP PUT 4</u></p>	<p>OFFICE SOUGHT (if known): <u>13 OFFICE SOUGHT JP PUT 4</u></p>	
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p>	<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</p> <p>COMMITTEE ADDRESS</p> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>		
<p>GO TO PAGE 2</p>			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Kim Webb

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

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 375.00

4. TOTAL POLITICAL EXPENDITURES

\$ 375.00

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.

[Signature]

Signature of Candidate or Officeholder

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kim Webb this the 12 day of November,

20 25, to certify which, witness my hand and seal of office.

Janet Skyvara Gunn Janet Skyvara Gunn NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath 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 Kim Webb	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 375.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor
Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	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 Kim Webb
3 Filer ID (Ethics Commission Filers)	
4 Date 11/8/25	5 Payee name Kim Webb
6 Amount (\$) 375.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 101 WEBB RD OAKHURST TX 77359
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other
	(b) Description 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 Candidate / Officeholder name Kim Webb JP PCT 4 Office held Office held	
Date 11/8/25	Payee name
Amount (\$) <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	
Candidate / Officeholder name Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
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	
Candidate / Officeholder name Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED