

**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 | 2 Total pages filed: 5 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Ken | MI | OFFICE USE ONLY |
| | NICKNAME | LAST DeMerchant | SUFFIX | |
| | | | | Date Received JAN 31 2022 RCAD |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 60 Schubach Dr. Sugar Land, TX 77479 | | ZIP CODE | |
| | | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / <u>MR</u> | FIRST <i>Harry</i> | MI | |
| | NICKNAME | LAST <i>Truong</i> | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5826 New Territory Blvd. #812 Sugar Land, TX 77479</i> | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | <i>832</i> | <i>350</i> | <i>8412</i> | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| | | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2022 | | THROUGH Month Day Year 01/20/2022 | |
| | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/01/2022 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) <i>FBC</i> <i>County Commissioner Pct 4</i> | | 12 OFFICE SOUGHT (if known) <i>FBC</i> <i>County Commissioner Pct 4</i> | |
| | | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 5

13 C / OH NAME DeMerchant, Ken 14 Filer ID

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 22,144.30 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 27,528.61 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 77,072.16 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 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.

KM

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 31st day of January, 2022, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering

Raymond Campos

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

| 18 FILER NAME DeMerchant, Ken | | 19 Filer ID |
|---|---|-----------------|
| 20 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 27,528.61 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/5 | | 2 FILER NAME DeMerchant, Ken | | 3 Filer ID | |
| 4 Date 01/19/2022 | | 5 Payee name DJ Teddi | | | |
| 6 Amount (\$) \$750.00 | | 7 Payee address; City; State; Zip Code 12720 Southwest Fwy Stafford, TX 77477 | | | |
| 8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ad | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 01/14/2022 | | Payee name Fort Bend Star | | | |
| Amount (\$) \$370.00 | | Payee address; City; State; Zip Code 3944 Bluebonnet Dr Stafford, TX 77477 | | | |
| 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ad | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 01/12/2022 | | Payee name HEB | | | |
| Amount (\$) \$232.00 | | Payee address; City; State; Zip Code 530 Hwy 6 Sugar Land, TX 77478 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|--|-------------|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/5 | 2 FILER NAME DeMerchant, Ken | 3 Filer ID | |
| 4 Date 01/14/2022 | 5 Payee name Print N Sign | | |
| 6 Amount (\$) \$4,032.31 | 7 Payee address; City; State; Zip Code 7350 Harwin Drive #316-A Houston, TX 77036 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate/Officeholder name | Office sought | Office held |