

# 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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST Kenneth MI W  
NICKNAME Ken LAST Cates SUFFIX

OFFICE USE ONLY

Date Received  
FILED FOR RECORD  
KAUFMAN CO. TEXAS  
2022 FEB 22 AM 8:14  
BY: LAURA A. HUGHES  
COUNTY CLERK

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST Raymond Shackelford MI  
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

427 N. Gun Barrel Ln. Malheur TX 75156

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(903) 887-4878

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

1 / 16 / 2022 THROUGH 2 / 18 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

3 / 1 / 2022

ELECTION TYPE

Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner - 4

13 OFFICE SOUGHT (if known)

Same

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Ken Cates</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)	\$ <u>8600.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8600.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7514.01</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1983.41</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2000.00</u>

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.

*Ken Cates*  
Signature of Candidate or Officeholder

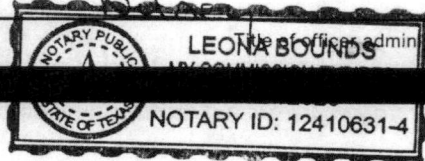
Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ken Cates this the 18<sup>th</sup> day of Feb, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Leona Bounds* Printed name of officer administering oath: Leona Bounds



(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 <i>Ken Cates</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>28600.00</i>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7514.01</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Ken Cates</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-2-22</b>	5 Payee name <b>EZ Signs</b>	
6 Amount (\$) <b>784.81</b>	7 Payee address; <b>209 E. Mason Mckinney, TX 75147</b>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Ken Cates</b>	Office sought <b>Commissioner</b>
Date <b>2-11-22</b>	Payee name <b>Ralston Outdoor Advertising</b>	Office held <b>Commissioner</b>
Amount (\$) <b>1000.00</b>	Payee address; <b>PO Box 54758 Dallas, TX 75354</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Billboard Sign</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Ken Cates</b>	Office sought <b>Commissioner 4</b>
Date <b>2-11-22</b>	Payee name <b>Kaufman Herald</b>	Office held <b>Commissioner 4</b>
Amount (\$) <b>285.00</b>	Payee address; <b>PO Box 460 Kaufman TX 75142</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Print Ad</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Ken Cates</b>	Office sought <b>Commissioner 4</b>
		Office held <b>Commissioner 4</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Ken Cates</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-7-22</b>	5 Payee name <b>Media One LLC</b>	
6 Amount (\$) <b>580.50</b>	7 Payee address; <b>1316 3RD MCKINNEY, TX 75147</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Print Ad</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 <b>Ken Cates</b>	Office sought <b>Commissioner 4</b>
		Office held <b>Commissioner 4</b>
Date <b>2-6-22</b>	Payee name <b>PrimaData</b>	
Amount (\$) <b>3573.51</b>	Payee address; <b>PO BOX 1088 MCKINNEY, TX 75147</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Direct Mail Flyer</b>
	(c) <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 <b>Ken Cates</b>	Office sought <b>Commissioner-4</b>
		Office held <b>SAME</b>
Date <b>2-2-22</b>	Payee name <b>RR COAST</b>	
Amount (\$) <b>964.75</b>	Payee address; <b>9800 E. Hwy 175 Kemp TX 75143</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Gift Expense</b>	Description <b>Campaign T-shirts &amp; hats</b>
	(c) <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 <b>Ken Cates</b>	Office sought <b>Commissioner 4</b>
		Office held <b>SAME</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Ken Cates</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-1-22</b>	5 Payee name <b>Wal Mart</b>		
6 Amount (\$) <b>165.44</b>	7 Payee address; City; State; Zip Code <b>300 Kings Fort Pky Kaufman, TX 75142</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Food &amp; Beverage Event</b> <span style="float:right"><b>Campaign</b></span>	
	(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 <b>Ken Cates</b>	Office sought <b>Commissioner 4</b>	Office held <b>Same</b>
Date <b>2-3-22</b>	Payee name <b>Sweet Tea's Bakery</b>		
Amount (\$) <b>160.00</b>	Payee address; City; State; Zip Code <b>161 W Dallas St Canton, TX</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Campaign Event Food</b>	
	(c) <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 <b>Ken Cates</b>	Office sought <b>Commissioner 4</b>	Office held <b>SAME</b>
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(c) <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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ken Cates

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/22

5 Full name of contributor

Rob Breshahan

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 7500.00

6 Contributor address;

City;

State;

Zip Code

9419 US 175 Kemp TX 75143

8 Principal occupation / Job title (See Instructions)

President, Lighting Manufacture

9 Employer (See Instructions)

Larsen Electronics

Date

2/9/22

Full name of contributor

Bob Tinsley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State;

Zip Code

604 W. 9th St. Kemp, TX 75143

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/11/22

Full name of contributor

David Lindsey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

146 Gun Barrel Ln, GBC 75156

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Kwik Car Lube & Tune

Date

2/11/22

Full name of contributor

John Loar

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

606 S. 7pts. Blvd # 2 Seven Hills, TX

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

John Loar, DDS Dentistry

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Ken Cates</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/10/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nick Stratta</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>10440 N. Central Expressway #650 Dallas TX 75231</b>		
8 Principal occupation / Job title (See Instructions) <b>COO</b>		9 Employer (See Instructions) <b>McCarrens General Auction</b>
Date <b>2/11/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY SPRINGER</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>18262 Shore Dr. Katy TX 75143</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.