

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Ms.

FIRST

Jennifer

MI

L.

NICKNAME

LAST

Vidler

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

300 Clear Springs Dr.  
Mesquite Tx 75150

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

543-8293

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mr Kenneth

FIRST

MI

NICKNAME

LAST

Sheets

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7901 Briar Brook Ct.

Dallas Tx

75218

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214 )

597-7615

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

Nov / 30 / 2021

THROUGH

Month

Day

Year

01 / 15 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Mesquite City Council District 3

13 OFFICE SOUGHT (if known)

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

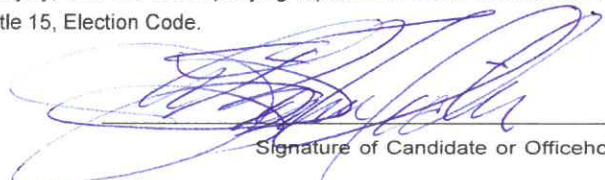
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

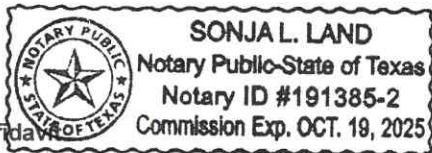
|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1250.00                             |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2840.71                             |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1196.52                             |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

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 of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jennifer Vidler this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

Sonja L. Land Sonja L. Land notary  
 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**

|   |  |   |
|---|--|---|
| <b>19</b> FILER NAME  |  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                            |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |  | \$ 1250.00                                    |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |  | \$ 112.00                                     |
| 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    |  | \$ 2840.71                                    |
| 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 |  | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                     |   | <b>1</b> Total pages Schedule A1:              |
| <b>2</b> FILER NAME<br>Jennifer Vidler   |   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>12-14-2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brenda Jean Patrick | <b>7</b> Amount of contribution (\$)<br>250.00 |
| <b>6</b> Contributor address; City; State; Zip Code<br>302 Norwich Mesquite T. 75149 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                         |   | <b>9</b> Employer (See Instructions)           |
| Date<br>12-14-2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>AAGD                         | Amount of contribution (\$)<br>500.00          |
| Contributor address; City; State; Zip Code<br>527 LBJ #100 Dallas 75240              |   |  |
| Principal occupation / Job title (See Instructions)                                  |   | Employer (See Instructions)                    |
| Date<br>01-07-2022   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MFFA                         | Amount of contribution (\$)<br>500.00          |
| Contributor address; City; State; Zip Code<br>321 S. Galloway Ave. Mesquite 75149    |   |  |
| 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.

# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Jennifer Vidler   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>12-21-2021   | <b>5</b> Payee name<br>Joe Counter   |  |
| <b>6</b> Amount (\$)<br>2000.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>3712 Racquet Ct. Plano Tx. 75023  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br>Mailer             |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>12-21-2021  | Candidate / Officeholder name<br>Joe Counter   |  |
| Amount (\$)<br>400.00   | Office sought<br>Office held   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | Description<br>Data                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>12-31-2021<br>12-30-2021                                    | Candidate / Officeholder name<br>Joe Counter   |  |
| Amount (\$)<br>148.30<br>151.01                                     | Office sought<br>Office held   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Printing Expense   | Description<br>Data                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>2</b> | <b>2</b> FILER NAME<br>Jennifer Vidler | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|--|--|

|                           |                                    |
|---------------------------|------------------------------------|
| <b>4</b> Date<br>12-09-21 | <b>5</b> Payee name<br>Print Place |
|---------------------------|------------------------------------|

|                                |  |                    |               |                   |
|--------------------------------|--|--------------------|---------------|-------------------|
| <b>6</b> Amount (\$)<br>131.50 | <b>7</b> Payee address;<br>1130 Ave H East | City;<br>Arlington | State;<br>Tx. | Zip Code<br>76011 |
|--------------------------------|--|--------------------|---------------|-------------------|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                     |                    |
|---------------------|--------------------|
| Date<br>12- 01-2021 | Payee name<br>ANBT |
|---------------------|--------------------|

|                             |                                     |                      |                 |          |
|-----------------------------|-------------------------------------|----------------------|-----------------|----------|
| Amount (\$)<br>4.95<br>4.95 | Payee address;<br>917 Military Pkwy | City;<br>Mesquite Tx | State;<br>75149 | Zip Code |
|-----------------------------|-------------------------------------|----------------------|-----------------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Bank Fee's      | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |  |
| 2 FILER NAME<br>Jennifer Vidler  |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                    |   | \$  |  |
| 5 Date<br>12-3-2021  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jennifer Salazar | 8 Amount of Contribution \$<br>60.00  | 9 In-kind contribution description<br>call messaging |
| 7 Contributor address; City; State; Zip Code<br>304 Chisolm Ridge Dr. Rockwall Dr. 75032 |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br>loan officer |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br>Fairway Independent         |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                     |   | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)                     |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)              |   |   |  |
| Date<br>12-05-21   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jennifer Salazer   | Amount of Contribution \$<br>52.00  | In-kind contribution description<br>text messaging   |
| Contributor address; City; State; Zip Code<br>304 Chisolm Ridge Dr. Rockwall Dr. 75032   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br>Loan Officer    |   | Employer (FOR NON-JUDICIAL)(See Instructions)<br>Fairway Independent            |  |
| Contributor's principal occupation (FOR JUDICIAL)  |   | Contributor's job title (FOR JUDICIAL)(See Instructions)                        |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                 |   |   |  |

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