

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	OFFICE USE ONLY			
		NICKNAME	LAST Vidler	SUFFIX	Date Received RECEIVED OCT 09 2023 CITY OF MESQUITE CITY SECRETARY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Address / PO BOX 300 Clear Springs Dr. Mesquite Tx. 75150	APT / SUITE #	CITY	STATE	ZIP CODE	Date Hand Delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (214)	PHONE NUMBER 214-543-8293	EXTENSION		Receipt #		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr	FIRST Kenneth	MI	Amount \$			
		NICKNAME	LAST Sheets	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASED) / APT / SUITE # 7901 Briar Brook Ct.			CITY Dallas Tx	STATE	ZIP CODE 75214	
8 CAMPAIGN TREASURER PHONE		AREA CODE (214)	PHONE NUMBER 597-7615	EXTENSION		Date Imaged		
9 REPORT TYPE		January 15	<input type="checkbox"/> 30th day before election	Runoff	15th day after campaign treasurer appointment (Officerholder Only)			
		July 15	<input type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED		Month 7	Day 1	Year 23	THROUGH	Month 9	Day 28	Year 23
11 ELECTION		ELECTION DATE			ELECTION TYPE			
		Month 11	Day 7	Year 23	Primary <input type="checkbox"/> General	Runoff <input type="checkbox"/> Special	Other Description	
12 OFFICE		OFFICE HELD (if any) Mesquite City Council PL 3			13 OFFICE SOUGHT (if known) Mesquite City Council PL 3			
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					
Additional Pages		GENERAL	COMMITTEE ADDRESS					
		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
			COMMITTEE CAMPAIGN TREASURER ADDRESS					

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)

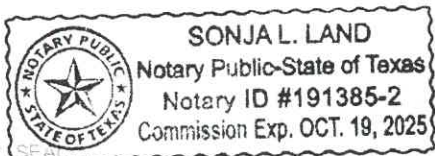
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 280.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 280.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,094.70
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



Sworn to and subscribed before me by Jennifer Vidler this the 9 day of October

20 23 to certify which, witness my hand and seal of office.

Signature of officer administering oath: Sonja L. Land Printed name of officer administering oath: Sonja L. Land Title of officer administering oath: notary

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,010.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 280.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1.

2 FILER NAME

Jennifer Vidier

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/20

5 Full name of contributor

George Venner

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State; Zip Code

612 Parkhaven Dr. Mesquite Tx 75149

8 Principal occupation / Job title (See Instructions)

Realestate / retired semi

9 Employer (See Instructions)

Date

09/23/20

Full name of contributor

Vince Griffen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

P.O. Box 471 Wyle Tx 75098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/20

Full name of contributor

William Augustine

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

Mesquite 75181

Principal occupation / Job title (See Instructions)

Author

Employer (See Instructions)

Date

09/09/20

Full name of contributor

Vicki Lomax

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

1515 Crestridge Dr. Mesquite 75149

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.

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 Jennifer Vidler		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/20	5 Full name of contributor out-of-state PAC (ID#: _____) Rae Jean Noschese ----- 6 Contributor address; City; State; Zip Code 709 Glenhaven Dr. Mesquite Tx 75149	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Teacher MISD		9 Employer (See Instructions)
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) Bruce Archer Campaign ----- Contributor address; City; State; Zip Code Terrell Tx.	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Realestate		Employer (See Instructions) Premier Legacy RealEstate
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) Dr. James Terry ----- Contributor address; City; State; Zip Code 2320 HeatherdaleMesq. Tx 75150	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Retired From MISD		Employer (See Instructions)
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) David Oldright ----- Contributor address; City; State; Zip Code 203 W Main St.. Mesquite 75149	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Security Services		Employer (See Instructions) Self

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jennifer Vidler		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/20	5 Full name of contributor out-of-state PAC (ID#: _____) Donnie Penttengill 6 Contributor address; City; State; Zip Code 2507 Cumberland Mesq. Tx. 75150	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Auto Sales		9 Employer (See Instructions)
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) Doug Lampman Contributor address; City; State; Zip Code 312 Clear Springs Dr. Mesq. Tx. 75150	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) Wayne Vidler Contributor address; City; State; Zip Code 300 Clear Springs Dr. Tx 75150	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Field Tech		Employer (See Instructions) SunBelt
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) Ken Blackington Contributor address; City; State; Zip Code 9555 FM 740 Forney Tx. 75126	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions) Security Services		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 Jennifer Vidler		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/20	5 Full name of contributor out-of-state PAC (ID#: _____) Lance Gooden for Congress Committee 6 Contributor address; City; State; Zip Code FEC#C00662601 P.O.Box 2125 Terrel	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/20	Full name of contributor out-of-state PAC (ID#: _____) Kellie & Larry Good Contributor address; City; State; Zip Code 2621 Montecello Dr. Mesq. TX. 7514	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Dart / Child Care Education		Employer (See Instructions)
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) Jerry & Beth Dittman Contributor address; City; State; Zip Code 7131 Shannon Rd. Mesq. Tx. 75181	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/20	Full name of contributor out-of-state PAC (ID#: _____) Joe Ruzicka Contributor address; City; State; Zip Code 6703 Southridge Dr. Dal Tx.75214	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Director of Business Developement		Employer (See Instructions) Adams Keegan, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 Jennifer Vidler		3 Filer ID (Ethics Commission Filers)
4 Date 09/27/20	5 Full name of contributor out-of-state PAC (ID#: _____) David & Tamra Dennis 6 Contributor address; City; State; Zip Code Mesquite 75149	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/13/20	Full name of contributor out-of-state PAC (ID#: _____) Belinda Epps / Epps Realty Contributor address; City; State; Zip Code 213 E. Davis Mesq. Tx. 75149	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Epps RealEstate
Date 09/13/20	Full name of contributor out-of-state PAC (ID#: _____) Melinda Epps / Property Management Contributor address; City; State; Zip Code 213 E. Davis Mesq. Tx.75149	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) RealEstate Management		Employer (See Instructions) Epps RealEstate
Date 09/11/20	Full name of contributor out-of-state PAC (ID#: _____) Bill & DK Porter Contributor address; City; State; Zip Code 2521 Heatherdale Dr. Mesq. Tx. 7515	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jennifer Vidler		3 Filer ID (Ethics Commission Filers)
4 Date 09/07/20	5 Full name of contributor out-of-state PAC (ID#: _____) Harry Reese	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 720 FM 3227 Canton Tx. 75103		
8 Principal occupation / Job title (See Instructions) Campaign asst.		9 Employer (See Instructions) Jill Dutton
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:	2 FILER NAME Jennifer Vidler	3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2023	5 Payee name AlJandros	
6 Amount (\$) 280.00	7 Payee address; City; State; Zip Code 117 W. Main Mesquite 75149	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Launch / Fund Raiser	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

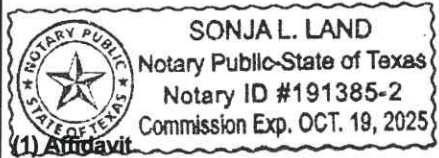
1 Filer ID (Ethics Commission Filers) <i>JENNIFER VIDLER</i>		2 Total pages filed:		OFFICE USE ONLY RECEIVED OCT 10 2023 CITY OF MESQUITE CITY SECRETARY	
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI <i>JENNIFER VIDLER</i> NICKNAME LAST SUFFIX		Date Received			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
5 ORIGINAL PERIOD COVERED		<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)		Receipt #	
Month Day Year		Month Day Year		Amount \$	
07 / 01 / 23		THROUGH 09 / 28 / 23		Date Processed	
6 EXPLANATION OF CORRECTION		<input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged	
MR HUBBARD WAS REPORTED PREVIOUSLY FOR 5000 REPORT					

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Jennifer Vidler
Signature of Candidate/Officeholder

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jennifer Vidler this the 10 day of October, 2023, to certify which, witness my hand and seal of office.

Sonja L. Land Signature of officer administering oath
 Sonja L. Land 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections