

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

* Original *

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 Kameron	MI K.	OFFICE USE ONLY RECEIVED <i>AW</i> JAN 9 2026														
	NICKNAME	LAST Raburn	SUFFIX															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX [REDACTED]	APT / SUITE #	CITY Ennis, TX	STATE TX	ZIP CODE 75119													
<input type="checkbox"/> Change of Address																		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION															
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Cassidy	MI A.	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged														
	NICKNAME	LAST Raburn	SUFFIX															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)			APT / SUITE #	CITY, STATE, ZIP CODE													
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION															
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)													
10 PERIOD COVERED	Month 07	Day 01	Year 2025	Month 12	Day 31	Year 2025												
11 ELECTION	ELECTION DATE Month Day Year 05/04/2024			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (if any) Mayor of Ennis, Texas			13 OFFICE SOUGHT (if known) County Judge														
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.																	
<table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>[REDACTED]</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>[REDACTED]</td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>							COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	[REDACTED]	<input type="checkbox"/> SPECIFIC	[REDACTED]		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME																	
<input type="checkbox"/> GENERAL	[REDACTED]																	
<input type="checkbox"/> SPECIFIC	[REDACTED]																	
	COMMITTEE ADDRESS																	
	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

Kameron K. Raburn

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)	\$ <i>Ø</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5,000.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>Ø</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,127.49</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>Ø</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>Ø</i>

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.

Kameron Raburn

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kameron Raburn this the 9th day of January,
2024, to certify which, witness my hand and seal of office.
Angie Wade Angie Wade City Secretary
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	20 Filer ID (Ethics Commission Filers)
Kameron K. Raburn	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,000.00
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	\$ 5,127.49
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.13

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: <i>1</i>
2 FILER NAME <i>Kameron K. Raburn</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09-18-25</i>	5 Full name of contributor <i>Steven R. Vetrecht</i>	6 Contributor address: <i>[REDACTED]</i>
		7 Amount of contribution (\$) <i>\$ 5,000 00</i>
8 Principal occupation / Job title (See Instructions) <i>CEO</i>		9 Employer (See Instructions) <i>The Capital Grille</i>
Date	Full name of contributor Contributor address:	□ out-of-state PAC (ID# _____) City: _____ State: _____ Zip Code: _____ Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address:	□ out-of-state PAC (ID# _____) City: _____ State: _____ Zip Code: _____ Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address:	□ out-of-state PAC (ID# _____) City: _____ State: _____ Zip Code: _____ Amount of contribution (\$)
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 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	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Kameron K. Raburn		
4 Date	5 Payee name		
09-23-25	Kameron K. Raburn		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$ 2,500.00	[REDACTED] [REDACTED] [REDACTED] [REDACTED] Ennis, TX 75119		
<input type="checkbox"/> Check if individual's residence address			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Loan Repayment	Reimbursement	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09-26-25	Lowe's Home Centers, L.L.C.		
Amount (\$)	Payee address:	City:	State: Zip Code
\$ 226.70	1420 North Highway 77, Waxahachie, TX 75165		
<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Sign Materials	
	<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		
10-01-25	Walmart Supercenter		
Amount (\$)	Payee address:	City:	State: Zip Code
\$ 23.83	700 E. Ennis Ave., Ennis, TX 75119		
<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Office Overhead/Rental Expense	Campaign Office Supplies	
	<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

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Kameron K. Raburn		
4 Date	5 Payee name		
10-06-2025	Kameron Raburn for Ellis County Judge Campaign		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$ 2,000.00	211 E. Ave. G #263	Midlothian, TX 76065	
<input type="checkbox"/> Check if individual's residence address			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Contributions/Donations made by office Holder	Campaign Contribution	
	(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	Office sought	Office held
Date	Payee name		
10-24-25	Kameron Raburn for Ellis County Judge Campaign		
Amount (\$)	Payee address:	City: State: Zip Code	
\$ 271.96	211 E. Ave. G #263	Midlothian, TX 76065	
<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Contributions/Donations made by office Holder	Campaign Contribution	
	<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
Date	Payee name		
09-09-25	United States Postal Service		
Amount (\$)	Payee address:	City: State: Zip Code	
\$ 105.00	211 E. Ave. G, Midlothian, TX	76065	
<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Office Overhead/Rental Expense	Post Office Box	
	<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

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

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 K: 1

2 FILER NAME

Kameron K. Raburn

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

Centex Citizens Credit Union

09-30-25

6 Address of person from whom amount is received: City: State: Zip Code

2251 W. Ennis Ave., Ennis, TX 75119

8 Amount (\$)

\$0.13

7 Purpose for which amount is received

Check if political contribution returned to filer

Account Dividend

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Kameron K. Raburn

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Kameron Raburn
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check *only* one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check *only* one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Kameron Raburn
Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Kameron Raburn
Signature of Officeholder