

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

# 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: **5**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR  
**MR**

FIRST  
**Kenneth**

MI  
**Dewayne**

NICKNAME  
**Ken**

LAST  
**Bowens**

SUFFIX  
**JR**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**701 Bridgewood Cir Apt 434 Fort Worth Tx 76112**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE  
**( 817 )**

PHONE NUMBER  
**834-9477**

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR  
**Ms.**

FIRST  
**Brittney**

MI  
**A**

NICKNAME

LAST  
**Parson**

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**701 Bridgewood Cir Apt 434 Fort Worth Tx 76112**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE  
**( 682 )**

PHONE NUMBER  
**446-1933**

EXTENSION

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  
**01 / 01 / 2025**

THROUGH Month Day Year  
**03 / 24 / 2025**

11 ELECTION

ELECTION DATE

Month Day Year  
**05 / 03 / 2025**

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

**N/A**

13 OFFICE SOUGHT (if known)

**City Council District 5**

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

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

\$ 0

\$ 0

\$ 0

\$ \$1798.57

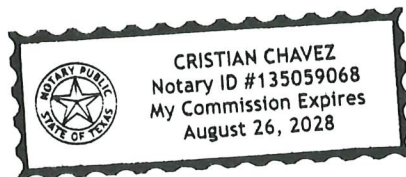
\$ 0

\$ 0

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

**(1) Affidavit**



NOTARY STAMP / SEAL

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kenneth Bowens Jr. this the 7 day of April, 2024

20 25, to certify which, witness my hand and seal of office.

nd seal of office.  
Cristian Chavez

Notary  
Title of officer administering oath

Signature of officer administering oath

Printed name of officer administering oath

OR

**(2) Unsworn Declaration**

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_ (zip code), \_\_\_\_\_ (country)

My name is \_\_\_\_\_, and my \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (country).

(street) (city) (state) (zip code)

20 \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code).

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

Kenneth Bowens Jr

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$1798.57
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	\$



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Kenneth Bowens Jr</b>	
4 Date <b>02/20/2025</b>	5 Payee name <b>Fort Worth Hightech Signs</b> City; State; Zip Code	
6 Amount (\$) <b>652.75</b> Reimbursement from political contributions intended	7 Payee address; <b>3120 Bonnie Dr Fort Worth Tx 76116</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Road Signs</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Kenneth Bowens Jr</b> Office sought <b>City Council District 5</b> Office held <b>N/A</b>		
Date <b>01/30/2025</b>	Payee name <b>Celesti Vortex Solutions</b> City; State; Zip Code	
Amount (\$) <b>415.00</b> Reimbursement from political contributions intended	Payee address; <b>Florida</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website Design</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Kenneth Bowens Jr</b> Office sought <b>City Council District 5</b> Office held <b>N/A</b>		
Date <b>02/17/2025</b>	Payee name <b>Metro Mailer</b> City; State; Zip Code	
Amount (\$) <b>497.41</b> Reimbursement from political contributions intended	Payee address; <b>576 N Beach St, Fort Worth Tx 76111</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Push Cards</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Kenneth Bowens Jr</b> Office sought <b>City Council District 5</b> Office held <b>N/A</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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)

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<b>1</b> Total pages Schedule G: 1		<b>2</b> FILER NAME Kenneth Bowens Jr		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/24/2025		<b>5</b> Payee name Graphic By Chris			
<b>6</b> Amount (\$) 150.00 Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code N/A Fort Worth Tx			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Graphic Design	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kenneth Bowens Jr		Office sought City Council District 5	Office held N/A
Date 01/30/2025		Payee name Alpha Graphics Fort Worth			
Amount (\$) 83.41 Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5836 Camp Bowie Blvd Fort Worth, Tx 76107			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Business Cards	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kenneth Bowens Jr		Office sought City Council District 5	Office held N/A
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
Reimbursement from political contributions intended					
<b>PURPOSE OF EXPENDITURE</b>		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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