

# 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 / <u>MR</u>	FIRST <u>Kelly</u>	MI <u>S</u>
	NICKNAME	LAST <u>CMEREK</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1406 SAGEWOOD DR TAYLOR, TX 76574</u>		
	<div style="border: 1px solid black; padding: 5px; float: right; width: 150px;">             OFFICE USE ONLY              Date Received  <u>4-26-24</u>  <u>DM</u> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>468-4231</u>	EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST <u>HEATHER</u>	MI <u>P</u>
	NICKNAME	LAST <u>LONG</u>	SUFFIX
<div style="border: 1px solid black; padding: 5px; float: right; width: 150px;">             Receipt #              Amount \$              Date Processed              Date Imaged           </div>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1405 TH JOHNSON DR TAYLOR, TX 76574</u>		
	<div style="border: 1px solid black; padding: 5px; float: right; width: 150px;">             Date Hand-delivered or Date Postmarked           </div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>365-9249</u>	EXTENSION
	<div style="border: 1px solid black; padding: 5px; float: right; width: 150px;">             Receipt #              Amount \$              Date Processed              Date Imaged           </div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year     Month Day Year <u>03 / 26 / 2024</u> THROUGH <u>04 / 24 / 2024</u>		
	Month Day Year     ELECTION TYPE <u>05 / 04 / 2024</u> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>N/A</u>		
	13 OFFICE SOUGHT (if known) <u>CITY COUNCIL - DISTRICT 3</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	
		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

KELLY CMEREK

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 1977.45

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

*Kelly Cmerik*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by KELLY CMEREK this the 26TH day of APRIL,  
20 24, to certify which, witness my hand and seal of office.

*Nnaemeka Ezekwe* NNAEMEKA EZEKWE

ASSOCIATE

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)