

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	FIRST <i>KELLY</i>	MI <i>S</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>CMEREK</i>	SUFFIX	Date Received <i>4/26/24 AM</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
<i>1406 SAGewood DR TAYLOR, TX 76574</i>						
□ Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>468-4231</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>HEATHER</i>	MI <i>P</i>	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST <i>LONG</i>	SUFFIX	Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;		
	<i>1405 TH JOHNSON DR</i>			STATE; ZIP CODE <i>TAYLOR, TX 76574</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>365-9249</i>	EXTENSION			
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 <i>03</i>	Day <i>26</i>	Year <i>2024</i>	Month <i>04</i>	Day <i>24</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE Month <i>05</i> Day <i>04</i> Year <i>2024</i>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>CITY COUNCIL - DISTRICT 3</i>				
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE		COMMITTEE NAME		
		<input type="checkbox"/> GENERAL				
		<input type="checkbox"/> SPECIFIC				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

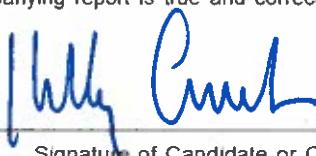
15 C/OH NAME

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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1977.45</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 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)