

# 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 KELLY MI  
NICKNAME S LAST SUFFIX

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE (512) 468-4231 AREA CODE PHONE NUMBER EXTENSION

Receipt # Amount \$

6 CANDIDATE / OFFICEHOLDER TREASURER NAME HEATHER P MS / MRS / MR. FIRST LAST NICKNAME SUFFIX MI

Date Processed

7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 1406 SAGEMOOR DR TAYLOR, TX 76574 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE; ZIP CODE

Date Imaged

8 CAMPAIGN TREASURER PHONE (512) 365-9249 AREA CODE PHONE NUMBER EXTENSION

15th day after campaign treasurer appointment (Officeholder Only)

9 REPORT TYPE  
 January 15  30th day before election  Runoff  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED 01 / 25 / 2024 THROUGH 01 / 30 / 2024 Month Day Year Month Day Year

11 ELECTION Month Day Year  Primary  Runoff  Other Description COMMITTEE TYPE  General  Special

ELECTION TYPE

12 OFFICE OFFICE HELD (if any) CITY COUNCIL - DISTRICT 3  
 Additional Pages

13 OFFICE SOUGHT (if known)

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  
 SPECIFIC

COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER PG 2

15 C/OH NAME

KELLY CMEREK

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

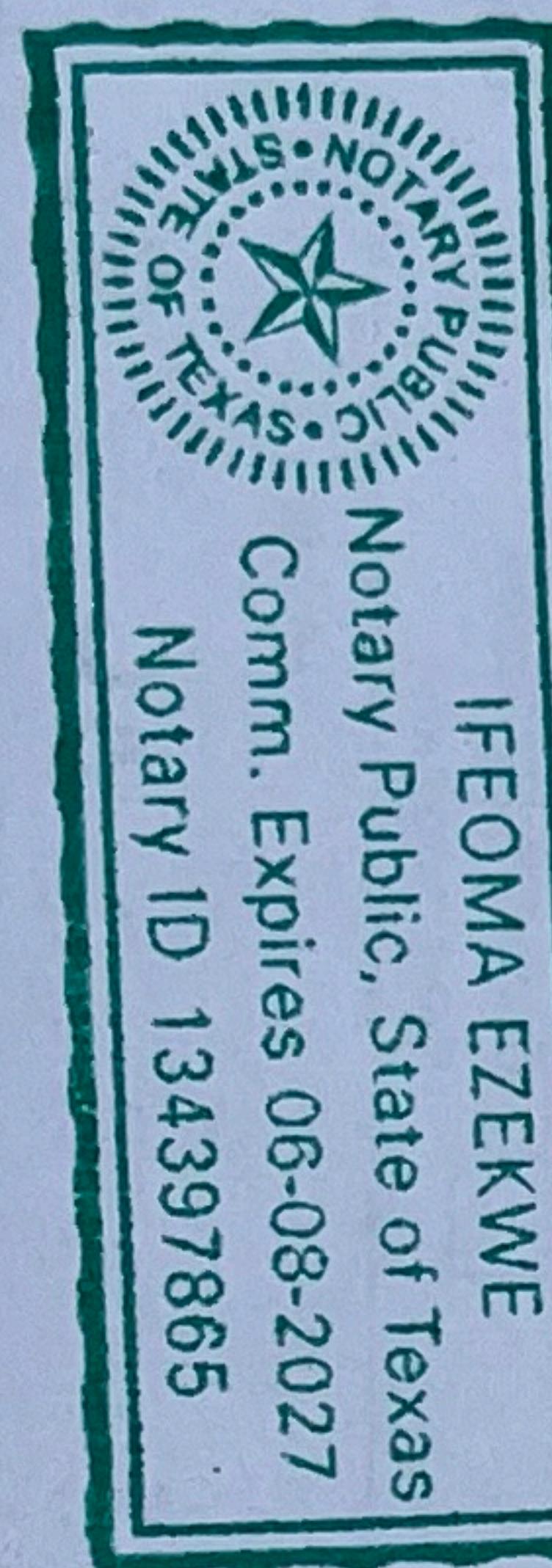
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
4. TOTAL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

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 Cmerek  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Kelly Cmerek this the 17<sup>th</sup> day of July,  
202024, to certify which, witness my hand and seal of office.

Ifeoma Ezekele Notary Public  
Signature of officer administering oath

OR

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(street) (city) (state) (zip code) (country)