

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: | 2 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST Kevin | | | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Sullivan | SUFFIX | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3933 Outpost Trace Lago Vista, TX 78645 | | | | Date Received 11/13/2023 Lyn. Aldrich | | | |
| Change of Address | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (512) | PHONE NUMBER 698-5517 | EXTENSION | | Date Hand-delivered or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Kevin | MI | | Receipt # | Amount \$ | | |
| | NICKNAME | LAST Sullivan | SUFFIX | | Date Processed | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3933 Outpost Trace Lago Vista, TX 78645 | | | CITY; | STATE; | ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (512) | PHONE NUMBER 698-5517 | 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 type="checkbox"/> | 8th day before election | <input type="checkbox"/> | Exceeded Modified Reporting Limit | <input checked="" type="checkbox"/> | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month 7 | Day / 1 | Year / 23 | THROUGH | Month 11 | Day / 9 | Year / 23 | |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | | |
| | Month 11 | Day / 7 | Year / 23 | Primary <input checked="" type="checkbox"/> | Runoff <input type="checkbox"/> | Other Description _____ | | |
| 12 OFFICE | OFFICE HELD (if any) City Council Place 2 | | | 13 OFFICE SOUGHT (if known) Mayor | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) 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. | | | | | | | |
| | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME | | | | | | |
| | | COMMITTEE ADDRESS | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | |

GO TO PAGE 2

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FORM C/OH
COVER SHEET PG 2

| | |
|--------------------------------|---|
| 15 C/OH NAME Kevin Sullivan | 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) \$ 600.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 600.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 646.93 |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 646.93 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00 |

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 _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title _____

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

Signature of Candidate/Officeholder (Declarant)