

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: <u>2</u>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr</u>	FIRST <u>Deck</u>	SUFFIX <u>H</u>	OFFICE USE ONLY			
	NICKNAME	LAST <u>Weatherly</u>	SUFFIX	Date Received <u>12/11/2023</u>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE			
<u>4082 Outpost Trace Lago Vista, TX 78645</u>							
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(432)</u>	PHONE NUMBER <u>553-4103</u>	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs</u>	FIRST <u>Kathrya</u>	SUFFIX <u>S</u>	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST <u>Weatherly</u>	SUFFIX	Receipt # <u></u> Amount \$ <u></u>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>4082 Outpost Trace Lago Vista, TX 78645</u>						
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(432)</u>	PHONE NUMBER <u>553-4103</u>	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit						
				<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
				<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <u>08</u>	Day <u>1</u>	Year <u>2023</u>	Month <u>12</u>	Day <u>1</u>	Year <u>2023</u>	
11 ELECTION	ELECTION DATE Month Day Year <u>11/7/2023</u>		ELECTION TYPE <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)			13 OFFICE SOUGHT (if known) <u>City Council</u>			
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

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**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		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.	\$ 926.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 926.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
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.

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 of officer administering oath

OR

(2) Unsworn Declaration

Executed in Tarrant County, State of Texas on the 1st day of December 2023

the 1 day of December, 2022.
(month) (year)
Dick J. Weatherby
Signature of Candidate/Officeholder (Declarant)