## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

			1 Filer ID (fitnes Commission Filers)	2 Total pages filed:
The C/OH Instruction G	duide explains how	o complete this form.		5
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR	Valene	A	OFFICE USE ONLY
NOME	NICKNAMI	Van Pelt	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:		Addism TX 75001	10/20 2023
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Posimerked
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	Valene	A Sallik	Receipt # Amount 5  Date Processed
	TALL PORTE	Van Pett		10 25 2023
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		and the second second	ddism TX 75001	STATE, ZP CODE
8 CAMPAIGN TREASURER PHONE	(214)	PHONE NUMBER	+ X FENSION	
9 REPORT TYPE	January 15	30th day before		15th day after campaign tressurer appointment (Othoeholder Only)
	X 3.4y 15	8th day before e	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	4 <b>%</b>	1 \$27/23	THROUGH 10 \$	Day Year / <b>2</b> 0/23
11 ELECTION	Month Day  5 / Le /	Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)		Addism City	Council
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT MINDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
00/////////////////////////////////////	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	CENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAMI	
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS	
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	aline Van Pett 16 Files	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	s -0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	s 2256.32
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD.	s D
OUTSTANDING LOAN TOTALS	<ol> <li>10 TAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</li> </ol>	s D
18 SIGNATURE   1 SV	wear, or affirm, under penalty of perjury, that the accompanying report is true and co	orrect and includes all information
гед	uired to be reported by me under Title 15, Election Code.	
	V/ Marin 1/ Mars (	HH
	y welle yours	
	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
200		
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	nng oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
1/21	V. P.	
My name is Value	rie van late of birth	
My address is		75001 Dellas
Executed in Dallas		(zip code) (country) 
	Vallie Var	ceholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NA	FR NAME 20 Filer ID (Fthics Co		
21	SCHEDU NAME OF	ILF SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULEA1, MONETARY POLITICAL CONTRIBUTIONS		\$
2		SCHEDULE A2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE F: LOANS		\$
5	V	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s 1800.00
6.		SCHEDULE F2: UNPAID INCURRED OBLICATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8	V	SCHEDULF F4: EXPENDITURES MADE BY CREDIT CARD		\$ 456.32
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	UNDS	\$
10		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11		SCHEDULE I. NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12	<u> </u>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	UTIONS RETURNED	S

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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Total pages   Schedule   P.	Credit Card Payment	The Instruction Guide explains ho	ow to complete this form.	Ta an area of the state of the
SAMOUNT (\$)  SHAP PROPER SOLD TO PROPER SOLD TO STATE	Total pages Schedule F1: 2	PHILER NAME Van Per	<i>f</i>	3 Filer ID (Ethics Commission Filers)
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# EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Raimbursoment Every Expense Poling I xperses

Solicitation/Fundragung Expense Travel In District Travel Out Of District Other (enter a category not losted above)

Advertising It speroe Transportation Equipment & Related Experses Office Overhead/Rental I: apenses Accounting/Banking Food/Beverage Expense
Gitt/Awardx/Marmorials Expense Consulting I species Printing Expense Contributions/Donations Made Hy Legal Services Salaries/Wagee/Contract Labor Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name 8 Payee address: City.
15404 Midway Rd Addism Zip Code State: 7 Amount (3) 456.32 TYPE OF | Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) Flyers for Neighborhood 10 PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schodule T. Check if Austin, TX, officialisider living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payce name Date State. Zip Code City: Amount (\$) Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this actedula) PURPOSE OF EXPENDITURE Check if travel outside int lesses. Complete Schedule T. Check if Austin, TX, officeholder living expenses Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: /		OFFICE USE ONLY	
CANDIDATE / OFFICEHOLDER NAME NICK		aline unast Pult	A SUFFIX	Date Received	
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) Affidavit	Ple	ase complete e	ither option below	w:	
NOTARY STAMP/SEAL Sworn to and subscribed befo	ire me byh, witness my hand and	seal of office.	this the	day of	
Signature of officer administering	oath Pn	nted name of officer admir	nistering oath	Title of office	er administering path
(2) Unsworn Declaration  My name is	Van RH (street) County, State of	Texas on t	and my date of birth in Addism.  (city) the 20th day of 000 (mon	(state) (zip code) (blue 2023 (th) Am Fai	Dallad (country)