### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Ms. Amanda

NAME	NICKNAME	Stark	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; CIT	Y; STATE; ZIP CODE	1/17/2023 12:06pm GNL	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	Ms / MRS / MR Mrs.	Teresa	MI	Receipt # Amount \$  Date Processed	
	NICKNAME	Dixon	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (F	NO PO BOX PLEASE): APT / SUIT Drive	Dripping Spring	s TX 78620	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 512 )	PHONE NUMBER 626-9072	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before elections and the state of t	Land	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 8	Day Year / 22 / 22	THROUGH 10	Day Year / 8 / 22	
11 ELECTION	Month Day	Year Primary	Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Kyle City Counc		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		GO TO P	AGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	16	Filer ID (Ethics	Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	166.57		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$	66.57		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and i	includes all information		
rec	uired to be reported by me under Title 15, Election Code.				
	Col S	tork			
	Signature of Cand	idate or Officeh	older		
	Please complete either entien below:				
	Please complete either option below:				
(1) Affidavit					
7.4-2.1-0.1-0.1-0.1-0.1-0.1-0.1-0.1-0.1-0.1-0					
NOTARY STAMP/SEA					
NOTALL STAM FOLK					
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 administe	ring oath Printed name of officer administering oath	Title of of	ficer administering oath		
	OR				
(2) Unsworn Declarati	on				
My name is Ama	da Stark and my date of birth is	(9 clober	15,1979		
My address is 1021	Brandi Circle Kyle T	2. 786	40 US.		
	(street) (city) (sta	te) (zip code)	(country)		
Executed in	Executed in County, State of (year) day of day of (month) 20 (year)				
,	(month)	farle yes	11 )		
	Signature of Candidat	e/Officeholder (E	Declarant)		

### SUBTOTALS - C/OH

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

19	FILER NAME	20 Filer ID (Ethics Com	20 Filer ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	S	\$	100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL C	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		66.57
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FR	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS TO FILER	, AND CONTRIBUTIONS RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1: 6
FILER NAME Amanda		3	Filer ID (Ethics Commission Filers)
Date 0/06/2022	Roman Womack  6 Contributor address; City;  265 Maplewood S. Kyle, TX	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Scheo	dule A2: 6
<sup>2</sup> FILER NAM Amanda			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 66.57	
5 Date 10/07/2022	6 Full name of contributor	Zip Code 78731	8 Amount of Contribution \$ 66.57	9 In-kind contribution description campaign signs l side of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spor	use (if any) (FOR JUDICIAL)
Date	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		IAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
	C/OH NAME 2 Filer ID (Ethics Commission Filers)						
4	man	da Stark					
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signatur	re of Candidate / Officeholder				
1	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder.						
	A.	CAMPAIGN FUNDS					
	Checi	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B. ASSETS						
	Check only one:						
	V	I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to				
5		EHOLDER plete this section o <i>nly</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions.	, after filing the last required report as				
			ignature of Officeholder				