## **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, FIRST MI MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** K. Kelley Mrs. NAME SUFFIX LAST NICKNAME Inman APT / SUITE #, CITY; STATE; ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** TX 77304 Conroe MAILING **ADDRESS** Change of Address **EXTENSION** PHONE NUMBER AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ FIRST MI MS / MRS / MR 6 CAMPAIGN **TREASURER** Patrick Date Processed Mr. NAME SUFFIX NICKNAME LAST Date Imaged Teich ZIP CODE CITY; STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, 7 CAMPAIGN TX 77306 Conroe **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Year 10 PERIOD Month Day Dav Month COVERED 26 / 2024 9 1 2024 THROUGH FLECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Day Description General Special 2024 5 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Montgomery County Hospital District (MCHD), Precinct 1 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. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer	ID (Ethics Commis	sion Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00		
	2. TOTAL POLITICAL CO		OANS)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	IZED POLITICAL EXPENDITURE.		\$ 0.00	
	4. TOTAL POLITICAL EX	PENDITURES		\$ 0.00	
CONTRIBUTION BALANCE	J. TOTAL POLITICAL CONTRIBOTIONS WANTED THE CONTRIBOTION		E LAST DAY	\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REP	INT OF ALL OUTSTANDING LOANS ORTING PERIOD	AS OF THE	\$ 0.00	
	I swear, or affirm, under penalty of pe quired to be reported by me under Tit		t is true and co	rrect and includes	all information
	•		34	Killede a	~
Killyphen					
		Signatur	e of Candidate	or Officeholder	
	Please o	complete either option b	pelow:		
(1) Affidavit					
NOTARY STAMP/SEA	AL				
Sworn to and subscribed before me bythis the			his the	day of	
	y which, witness my hand and seal of				
	• • • • • • • • • • • • • • • • • • •				
Signature of officer administer	ering oath Printed nam	ne of officer administering oath		Title of officer adr	ninistering oath
		PIC			
(2) Unsworn Declarati	on				
process	and the same of th	and my date of	nirth is May 28	1968	
	nan				
My address is 411 S. Rive	ershire Dr(street)			(zip code) (0	
Evenuted in Mantagement	(street)County, State of Texas				
Executed in Montgomery_	County, State of Texas	Kul	(month)	(year)	
		Signature of	of Candidate/Off	iceholder (Declarar	t)