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 MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME 4 CANDIDATE / ZIP CODE ADDRESS / PO BOX; STATE; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date OFFICEHOLDER & PHONE Amount \$ Receipt # MS-AMRS / MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged

	Kollara					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APTY SUITE #;	CITY;	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER) E	XTENSION	,			
9 REPORT TYPE	January 15 x 30th day before election	Runoff Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	01 / 12 / 2024 THROUGH	Reporting Limit Month Day GH 02 05	Z management			
11 ELECTION	Month Day Year X Primary Runof 03 / 05 / 24 General Speci	Description				
12 OFFICE		OFFICE SOUGHT (If known) EX Assessor Co	ollector			
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.					
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDA	RESS				
Forms provided by Texas E	Revised 1/1/2024					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 Filer	ID (Ethics Commission Filers)	
7 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					\$		
	ľ	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS)		\$	0.00	
EXPENDITURE TOTALS	3. TOTAL U	NITEMIZED POLITICAL EXPENDITURE.			\$		
	4. TOTAL F	POLITICAL EXPENDITURES			\$	0.00	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF DRTING PERIOD	THE LAS	T DAY	\$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOAM Y OF THE REPORTING PERIOD	NS AS OF	THE	\$		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information							
re	quired to be reported b	by me under Title 15, Election Code.		/ \	. 1		
		11 co	$2 \times$	1	λc		
		Signatu	ire of Car	ndidate (or O	fficeholder	
						\bigcup	
Please complete either option below:							
					ļ		
(1) Affidavit							
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	hafara me hv		this the		de	ay of,	
Sworn to and subscribed before me by this the this the, 20, to certify which, witness my hand and seal of office.							
, 10 30/1119	Timon, William III, III	and dear of since.			:		
Signature of officer administe	ering oath	Printed name of officer administering oath			Title	e of officer administering oath	
		OR					
(2) Unsworn Declarati	on				į į		
My name in +	CO	Of was and my date of	of hirth io	12	10	179	
My name is, and my date of birth is My address is, \times, \times							
	(stree	et) + (city)	(s	tate)	(zip	code) (country)	
Executed to 1 to 0 to County, State of 1 to C. 1, on the day of 5, 20 24.							
		U	(month	' X	M	(year)	
		Signature of	of Candid	ate/Offic	ehol	der (Declatant)	