CANDIDATE / OFFICEHOLDER REPORT FILED FILED

	The Instruction Guide explains how to complete this form.								
	Complete only if "Report Type" on page 1 is marked "Final Report"								
	C/OH N		2 Filer ID (Ethics Commission Filers)						
ΙK	yle S	Schmalzried							
3	SIGNA	TURE	1						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that								
	designa	ating a report as a final report terminates my campaign treasurer appointment. I also u	inderstand that I may not accept any						
	campai	gn contributions or make any campaign expenditures without a campaign treasurer ap	pointment on file						
		Signatu	re of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••							
	00111	pictor A & B below only if you are not an omicenoider. ••							
	A.	CAMPAIGN FUNDS							
	Check	k only one:							
	I do not have unexpended contributions or unexpended interest or income earned from 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	k only one:							
	1	I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.						
	The Control of the Co	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						
		S	signature of Candidate						
5	•• Com	EHOLDER plete this section only if you are an officeholder							

ng requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

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. 3 CANDIDATE / MS / MRS / MR MΙ OFFICEHOLDER OFFICE USE ONLY Mr Kyle R NAME Date Received NICKNAME LAST SUFFIX Schmalzried FILED 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY STATE: ZIP CODE **OFFICEHOLDER** MAILING Elections Administrator **ADDRESS** Swisher County, Texas Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806)470-8952 PHONE 6 CAMPAIGN MS / MRS / MR FIRST MI TREASURER Mrs **Nichole** D NAME NICKNAME LAST SUFFIX Schmalzried 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY: STATE: **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 7806 470-8953 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day Year COVERED 6 30 24 12 31 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Month Day Year Other Description 11 5 General Special 24 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Sheriff Sheriff 14 NOTICE FROM 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 ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS GENERAL Additional Pages N/A COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC N/A COMMITTEE CAMPAIGN TREASURER ADDRESS N/A **GO TO PAGE 2**

FII FD CANDIDATE / OFFICEHOLDER Maridel Montgomery FORM C/OH CAMPAIGN FINANCE REPORT Elections Administrator **COVER SHEET PG 2** isher County, Texas 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Kyle Schmalzried 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 0.00CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 0.00(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 0.00**TOTAL POLITICAL EXPENDITURES** 0.00CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE \$ 0.00OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$ 0.00LAST DAY OF THE REPORTING PERIOD **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 WW SMMCTMP 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

(2) Unsworn Declaration

My name is ________, and my date of birth is _______.

My address is ________, (city) (state) (zip code) (country)

Executed in _______ County, State of _______, on the _______ day of _______, 20_____.

Signature of Candidate/Officeholder (Declarant)

CONNECTION DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE		CEHOLDER CE REPORT			•		ORM C/OH HEET PG 1
The C/OH Instruction C	Guide explains how	to complete this form.	ID (Ethics Commission	Filers)	2 Total pages filed: 2		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr NICKNAME	FIRST Kyle LAST Schmalzried		M) R	Ma	ridel Monto	USE ONLY 0 03 00% Jomery
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;	CITY;	STATE: ZIP COL	=lec Swir	tions Admi ener Count	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	470-8952	N. 10 5/04/00	EXTENSION		10/1	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME	FIRST Nichole LAST Schmalzried		MI D SUFFIX		Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #;	CITY;	L .	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(806)	PHONE NUMBER 470-8953		EXTENSION			600 00 000000
9 REPORT TYPE	January 15 July 15	30th day before		Runoff Exceeded Modi	fied	treasurer ap (Officeholde	
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THR		lonth /	Day Year 30 / 24	
11 ELECTION	Month Day	Year Primary ✓ 24 ■ Genera		ELECTION unoff Other Descri			
12 OFFICE	OFFICE HELD (if any)		200	в оггісе sought (i sheriff	f known)	888	
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, COMMITTEE TYPE COMMITTEE NAME N/A						
Additonal Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS N/A COMMITTEE CAMPAIGN TR N/A COMMITTEE CAMPAIGN TR					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Kyle Schmalzried 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS 0.00PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 0.00(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ 0.00**TOTAL POLITICAL EXPENDITURES** 0.00\$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00\$ BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE 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 Kyle Schmuzuld this the 3rd day of 00 Title of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration , and my date of birth is My name is ___ My address is _____ (street) (city)

(month)

Signature of Candidate/Officeholder (Declarant)

Executed in _____ County, State of _____ , on the ____ day of _

(year)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

							MILLI I G
	Guide explains ho	w to complete this form.	1 F	Filer ID (Ethics Co	mmission Filers)	2 Total pages f	filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Kyle			MI R	OFFICI	E USE ONLY
	NICKNAME	LAST Schmalzried		***************************************	SUFFIX	Date Received	1-18-2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	X; APT / SUITE #- C	CITY	STATE;	ZIP CODE	Ric Electio	chelle Cuiffer ns Administra er County, Tex
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	PHONE NUMBER 470-8952		EXTENSION	V		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME	Nichole LAST Schmalzried			D SUFFIX	Date Processed	Amount \$ 8-2024
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #:	CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 470-8953		EXTENSION	ı		
9 REPORT TYPE	January 15	30th day before elec		7 8 7 STEEL	f ded Modified ing Limit	treasurer a (Officeholde	fter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 8	Day Year / 22 / 23	т	HROUGH	Month 12	Day Year	
11 ELECTION	Month Day	Year Primary		Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOL	JGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATE	CE OF POLITICAL CONTRIBUTIONS AL CEHOLDER. THESE EXPENDITURES I S AND OFFICEHOLDERS ARE REQUIRE	MAY HAL	WE REEN MADE WIT	HOLIT THE CAMPI	DATE'S OF OFFICEUR	DEDIG KNOW FROE OF
	COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS						
Additional Pages	N/A						
	SPECIFIC	N/A					
	N/A						
		GO TO F	PAG	E 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	N FINANCE REPORT	COVER SH	HEET PG 2
15 C/OH NAME Kyle Schmalzried		16 Filer ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)	NS (OTHER THAN S, OR \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT	EES OF LOANS) \$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	DAS OF THE LAST DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$	0.00
	Please complete either op	otion below:	
(1) Affidaya PUB		Signature of Candidate or Officeholde	er
Sworn to and substitutes (this the day of	nung
Signature of officer administeri	17 My AISVADELLOVO	Administra	rtivet86st
		ii iide of officer	administering oath
(2) Unsworn Declaration	OR n		
My name is	, and my	date of birth is	
My address is		,,,	
Executed in	(street) (c County, State of , on the	(state) (zip code) day of, 20 (month) (year)	(country)
	Sign	nature of Candidate/Officeholder (Decla	rant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

-						- Control of Control o		PG I		
	Se	ee CTA Instruction Guide for detailed instructions.					1 Total pag	1 Total pages filed:		
2	CANDIDATE NAME	MS/MRS/MR MC NICKNAME	FIRST Kyle			R SUFFIX	Filer ID #	(+1000 / (puk) FICE USE ONLY		
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX	Sehn X: APT/SUITE #	Malzniec CITY; Tulia	STATE;	ZIP CODE 79088 79088	Elect Swie	Richelle Culifer tions Administrate ther County, Texa		
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER 995-337	26	EXTENS	lon	C8 - Receipt# Date Processe	Amount \$		
5	OFFICE HELD (if any)	Sher: S					Date Imaged	-22-2023		
6	OFFICE SOUGHT (if known)	Sherif								
7	CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	Nichole	MI	NICKNAM		IAST Imal 71	SUFFIX		
8 (1	CAMPAIGN TREASURER STREET ADDRESS residence or business)	STREET ADDRESS;		APT / SUITE #;	Tolia		STATE:	ZIP CODE 79088		
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	153	EXTENSION	ON				
10	CANDIDATE SIGNATURE	I am aware the Election	e of the Nepotise of my responsin Code. e of the restriction and laborations are laborations and laborations and laborations are laborations are laborations and laborations are laborations	sibility to f	ile timely	reports as	required	by title 15 of ontributions		
			GO	TO PAGE	E 2					

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING **DECLARATION CHOOSING MODIFIED REPORTING** •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) . Candidates for the office of state chair of a political party may NOT choose modified reporting. .. I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php