CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1								
The C/OH Instruction G	Guide explains how	to complete this		Filer ID (Ethics Commission File	rs) 2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MRS	FIRST		мі <b>J</b> .	OFFICE USE ONLY				
NAME	NICKNAME	PATTIL	LO	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUIT	01/14/2024 Awaynan						
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	<b>R</b>	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN	MS/MRS/MR	FIRST		MI	Receipt # Amount \$				
TREASURER	MRS	AMY		J	Date Processed				
NAME	NICKNAME	LAST		SUFFIX					
	,	PATTIL	LO		Date Imaged				
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE);	; APT / SUITE #;	CITY;	STATE; ZIP CODE				
TREASURER ADDRESS	ROLLINGWOOD, TX 78746								
(Residence or Business)									
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION					
9 REPORT TYPE	January 15	30th d	ay before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
,	July 15	8th da	y before election	Exceeded Modifier Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day Yes	ar	Mor	nth Day Year				
COVERED	1 / 1 / 23 THROUGH 12 / 31 / 23								
11 ELECTION	ELECTION DA	TE		ELECTION T	YPE				
	Month Day	Year	Primary	Runoff Other Descripti	on				
	/ /		General	Special					
12 OFFICE	OFFICE HELD (If any)			13 OFFICE SOUGHT (if k	nown) Council Member				
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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAM							
Additional Pages	GENERAL	COMMITTEE ADDR	RESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAM	PAIGN TREASUR	ER ADDRESS					
GO TO PAGE 2									

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME AMY PATTILLO		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)	\$	3
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	5
	4. TOTAL POLITICAL EXPENDITURES	\$	101.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	716.92
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	5
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correc	ct and includes all information
	Signature of Ca	ndidate or (	Officeholder
	Please complete either option below	<b>v</b> :	
(1) Affidavit			
(-)			
NOTARY STAMP/SEAL			
Sworn to and subscribed	hafore me by this the	(	day of
	which, witness my hand and seal of office.		day 01,
Signature of officer administer		Ti	tle of officer administering oath
	OR		:
(2) Unsworn Declaration	on		
My name is Amy	, and my date of birth is	_	
My address is	, Pollingwood, I	7 . 78	746 US
Ti-ai		state) (zi	code) (country)
Executed in 7 VW (	County, State of Telcas, on the day of Tan	1) ,	20 <u>L4</u> . (year)
	Signature of Candid	date/Officeho	older (Declarant)
Forms provided by Texas Eth	nics Commission www.ethics.state.tx.us		Revised 8/17/2020

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	19 FILER NAME AMY PATTILLO 20 Filer ID (Ethics Cor			n Filers)	
21	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	101.62		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$			

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **AMY PATTILLO** 4 Date 5 Payee name 01/05/2023 JEFF TRAVILLION CAMPAIGN 6 Amount (\$) 7 Payee address; City; Zip Code 101.76 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** ontributions/Donations made by CAMPAIGN DONATION Candidate/Officeholder/Political Committee EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE C OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED