

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST KELLY MI <input type="checkbox"/> NICKNAME LAST CMERICK SUFFIX <input type="checkbox"/>			OFFICE USE ONLY						
				Date Received RECEIVED APR 04 2024 BY: <i>JO</i>						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 1406 SAGewood DR TAYLOR TX 76574									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 468-4231	EXTENSION	Date Hand-delivered or Date Postmarked <input type="checkbox"/>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST HEATHER MI <input type="checkbox"/> NICKNAME LAST LONG SUFFIX <input type="checkbox"/>			Receipt # <input type="checkbox"/> Amount \$ <input type="checkbox"/>						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 1405 TH JOHNSON DR TAYLOR TX 76574			STATE, ZIP CODE						
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 365-9249	EXTENSION	Date Processed <input type="checkbox"/>						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month <i>01</i>	Day <i>02</i>	Year <i>24</i>	Month <i>01</i>	Day <i>24</i>	Year <i>2024</i>	THROUGH	Month <i>03</i>	Day <i>25</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2024			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any) N/A			13 OFFICE SOUGHT (if known) CITY COUNCIL - DISTRICT 3						
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.									
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME								
		COMMITTEE ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

KELLY CMEREK

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100. 00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,072.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,977.45
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

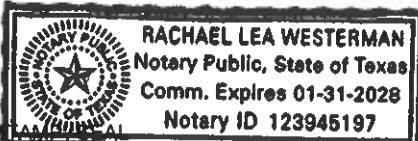
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Kelly Cmerek this the 4th day of April, 20 21, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Texas
Notary of Public

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
KELLY CMEREF		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,950.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,977.45	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 3 1 of 3	
2 FILER NAME <i>Kelly Cmerick</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/21/2024</i>	5 Full name of contributor <i>Rudy L. Mikeska</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) \$100.00	
	6 Contributor address; [REDACTED]	City;	State;	Zip Code <i>Taylor TX 76574</i>	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>3/21/2024</i>	Full name of contributor <i>Christy Pick</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) \$100.00	
Contributor address; [REDACTED]			City;	State;	Zip Code <i>Taylor, TX 76574</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3/21/2024</i>	Full name of contributor <i>Griffin Tegeman</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) \$200.00	
Contributor address; [REDACTED]			City;	State;	Zip Code <i>Taylor, Tx 76574</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3/13/2024</i>	Full name of contributor <i>Ernest Ariola, Jr</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) \$100.00	
Contributor address; [REDACTED]			City;	State;	Zip Code <i>Taylor Tx 76574</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 3 2 of 3
2 FILER NAME Kelly Cmerck				3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2024	5 Full name of contributor Ken McConchie, Jr.	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$) \$200.00
6 Contributor address; [REDACTED]	City; Taylor	State; TX	Zip Code 76574	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 3/6/2024	Full name of contributor Ray Gonzales	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) \$50.00
Contributor address; [REDACTED]	City; Taylor	State; TX	Zip Code 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 3/2/2024	Full name of contributor Keith Hager	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) \$500.00
Contributor address; [REDACTED]	City; Taylor	State; TX	Zip Code 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 2/27/2024	Full name of contributor RCT Holding, LLC Rick Northcutt	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) \$1,000.00
Contributor address; [REDACTED]	City; Taylor	State; TX	Zip Code 78660 Prugerville	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>3 of 3</i>
2 FILER NAME <i>Kelly Cmerick</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/2024</i>	5 Full name of contributor <i>Terry K Roberts</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; [REDACTED]	City; State; Zip Code <i>Taylor TX 76574</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>2/20/2024</i>	Full name of contributor <i>Michael Caplinger</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; [REDACTED]	City; State; Zip Code <i>Taylor TX 76574</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/20/2024</i>	Full name of contributor <i>Taylor City Council Campaign Dwayne E. Ariola</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; [REDACTED]	City; State; Zip Code <i>Taylor Tx 76574</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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
Credit Card Payment

Event Expense
Fees
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>Kelly Cmerek</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/25/2024</i>	5 Payee name <i>Super Cheap Signs</i>		
6 Amount (\$) <i>\$974.02</i>	7 Payee address: <i>9200 Waterford Centre Blvd., Austin Tx Ste. 100</i>	City: _____ State: _____ Zip Code: _____ <i>78758</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Vinyl Banners, plastic yard Signs + Stakes.</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>2/26/2024</i>	Payee name <i>Teddiie Stuart Media Partners, Inc.</i>		
Amount (\$) <i>\$450.00</i>	Payee address: <i>511 Washburn St.</i>	City: _____ State: _____ Zip Code: _____ <i>Taylor TX 76574</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Visual Identity Package, incl. Logo design.</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>3/5/2024</i>	Payee name <i>Super Cheap Signs</i>		
Amount (\$)	Payee address: <i>9200 Waterford Centre Blvd. Austin Tx Ste. 100</i>	City: _____ State: _____ Zip Code: _____ <i>78758</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Large plastic sign with grommets</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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
Credit Card Payment

Event Expense
Fees
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20F2	2 FILER NAME Kelly Cmerick	3 Filer ID (Ethics Commission Filers)	
4 Date 3/13/2024	5 Payee name Super Cheap Signs		
6 Amount (\$) \$385.43	7 Payee address, 9200 Waterford Centre Blvd. Austin Tx 78758 Ste. 100	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Door Hangers	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address,	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address,	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			