The C/OH Instruction G	uide explains how to complete this form.	Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/	MS / MRS / MR FIRST	M1	OFFICE USE ONLY			
OFFICEHOLDER NAME	Mrs. Misalla	K	Date Received			
	NICKNAME LAST	SUFFIX				
	RUIZ					
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / TO BOX, /// CONE #,	TATE; ZIP CODE				
MAILING	I ANA HOLD LANE BAS	, ,				
ADDRESS	7	360Z				
Change of Address		YTENGION				
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	XTENSION	Date Hand-delivered or Date Postmarked			
PHONE	(5/2)					
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$			
TREASURER NAME	MRS KATHLEEN		Date Processed			
NAME	NICKNAME LAST	SUFFIX	Dale Imaged			
	KIRK		54.063			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE			
TREASURER	PARAKEA	DR. BA	STROP TV			
ADDRESS	(Alleria)					
(Residence or Business)			5TROP, TX 7860Z			
8 CAMPAIGN	AREA CODE PHONE NUMBER E	XTENSION				
TREASURER PHONE	(361)					
1110112	24(911 8.					
9 REPORT TYPE		7	15th day after campaign			
	January 15 30th day before election	Runoff	treasurer appointment Officeholder Only)			
	July 15 8th day before election	Exceeded \$500 limit	Final Report (Altach C/OH - FR)			
	July 13 Sill day belote distance.					
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	04/06/2023 THROUG	05 /	06/2023			
	THROUGH ZOL 3	- /				
11 ELECTION	ELECTION DATE	ELECTION TYPE				
I ELECTION	Month Day Year Primary Runo					
		Description				
	05 /06 /2023 M General Spec	7				
12 OFFICE	OFFICE HELD (if any)	OFFICE SOUGHT (if know	n) A C (- 11			
	B	is d, th	ALE J			
		SatooL	ACE 4 BOARD			
			*			
GO TO PAGE 2						

			710
14 C/OH NAME	cilla K	- Ruiz	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	ITURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S ITS INFORMATION ONLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LASTORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT	<u> </u>		
Notar My Co Nov	ALUPE RUBALCABA y ID # 13344233-6 ommission Expires vember 10, 2025	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
AFFIX NOTARY STAM		by the said Privcilla kay Rui	2, this the _/// h
day of May	1_, 20 <u>, 23</u> ,	to certify which, witness my hand and seal of office	Til.
Signature of officer	upe Ruba	Raba Guadalupe Rubal Printed name of officer administering oath	Title of officer administering oath
Signature of officer	administering tall	Times hame of onion administrating out	SECTION SECTIO

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. 2 Filer ID (Ethics Commission Filers) 1 C/OHNAME scilla K. Ruiz I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. **CAMPAIGN FUNDS** A. Check 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 only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. of Candidate **OFFICEHOLDER** Complete this section only if you are an officeholder I am aware that I remain subject to filing 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. Signature of Officeholder

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY				
OFFICEHOLDER NAME	MRS. PRISCILLA		Date Received				
	NICKNAME LAST	SUFFIX					
	RVIZ						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		BASTROP TX 78602					
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512)	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Receipt # Amount \$				
TREASURER NAME	MRS KATHLEEN		Date Processed				
	NICKNAME KIRK	SUFFIX	Dale Imaged				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	DR. BASTROP	TX 7860Z				
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36)	EXTENSION					
9 REPORT TYPE	January 15 V 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 14 /18 / 2023	THROUGH 04/	Day Year / 05 / 2023				
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other Description					
	05 /06 /2023 General						
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	•				
		BISD, PLA SCHOOL	ICE 4				
		SCHOOL	BOARD				
GO TO PAGE 2							

Callb	V D 1117	5 Filer ID (Ethics Commission Filers)					
	K. RUIZ						
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.							
OMMITTEE TYPE	COMMITTEE NAME						
GENERAL							
SPECIFIC	COMMITTEE ADDRESS						
-	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ Ø					
		\$ \$					
		\$					
4. TOTAL	POLITICAL EXPENDITURES	\$ 1795.20					
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD							
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD							
18 AFFIDAVIT 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. MY COMMISSION EXPIRES OCTOBER 10, 2025 NOTARY ID: 129591930 Signature of Candidate or Officeholder AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said Priscilla Kay Puzz, this the 15+ day of May , 20 23 , to certify which, witness my hand and seal of office. Notary Public Worth Polling Roder Notary Public Title of officer administering oath Title of officer administering oath							
	THIS BOX IS FOR NO SUPPORT THE CANDIC KNOWLEDGE OR COLO OF SUCH EXPENDITE DIMENTILE TYPE GENERAL GENERAL SPECIFIC 1. TOTAL F PLEDGE 2. TOTAL (OTHER 3. TOTAL F UNLESS 4. TOTAL F OF REP 6. TOTAL F LAST DATA TO	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE PLEAGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEAGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD LAST DAY OF THE REPORTING PERIOD LESS AND SEALABOVE ed before me, by the said Prische Kay Puice SEALABOVE ed before me, by the said Prische Kay Puice ROLL ROLL ROLL ROLL ROLL ROLL ROLL ROL					

SUBTOTALS - C/OH

19	FILER NAME		20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SU NAME OF SCHE	BTOTALS EDULE		SUBTOTAL AMOUNT
1.	SCHE	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHE	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCH	EDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCH	EDULE E: LOANS		\$
5.	SCH	EDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6,	SCH	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHI	EDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	schi	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$1795.20
9.	SCH	EDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$1795.20
10.	SCHE	EDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
115	SCHE	EDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CC	NTRIBUTIONS	\$
12.	SCHE	EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT JRNED TO FILER	TIONS	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica						
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4	2 FILER NAME. 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	zed expenditures charged to a credit card \$ \$1795.20					
5 Date 22-2013	Frista Friel Pay Pay					
7 Amount (\$) \$215.62	2211 N. 15+St, Sain Jose, CA 95131					
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising Expense Check if Lavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held					
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 Priscila K. Ruiz 3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1795.20							
5 Date 2-22-2023	Payee name Pay						
7 Amount (\$) \$ 1579.58	2211 N. 15+. St, Sin Jose, CA 95131						
9 TYPE OF EXPENDITURE	Political Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense						
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held						
Date	Payee паme						
Amount (\$)	Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE	Political Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Wades/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	Candidate/Officeholder/Politic redit Card Payment	cal Committee	Legal Service			Wages/Contract Labor	Other (enter a category not listed ab	oove)
G	redit Card Payment		The Instru	ction Guide expl	ains how to	complete this form.		
1	Total pages Schedule G:	Prisc	alla	K. R.	バマ		3 Filer ID (Ethics Commission	r Filers)
4	Date	5 Payee na	me					
1	-22-2033	Vist	a P	int				
6	Amount (\$)	7 Payee ad	dress; \∧} ⊷	City; State;	Zip Code			
	Relmbursement from	215	v 3	man s	>+·	1		
	political contributions intended	Wal	tha	m. M		245)		
8	PURPOSE	(a) Category	(See Categories	listed at the top of this	schedule)	(b) Description	Tours Commists Cohodulo T	
	OF	MADU	ortich.	a. Gyne	1000		e of Texas. Complete Schedule T. X, officeholder living expense	
	EXPENDITURE	Fire	01 11 311	of cape	いとり			
9	Complete ONLY if direct expenditure to benefit C/C		date / Officel	nolder name		Office sought	Office held	
	Date	Payee na	me				18	
	Amount (\$)	Payee ad	ldress;	City; State;	Zip Code			
	Relmbursement from political contributions intended							
	DUDDOSE	Category	(See Categories	listed at the top of thi	s schedule)	(b) Description		
	PURPOSE OF						de of Texas. Complete Schedule T. X, officeholder living expense	
	EXPENDITURE							
	Complete ONLY if direct expenditure to benefit C/4		date / Office	nolder name		Office sought	Office hel	d
	Date	Payee na	ıme					
	Amount (\$)	Payee ac	ddress;	City; State;	Żip Code			
	Reimbursement from political contributions intended			:	•			
	DUDDOCE	Category	(See Categorie	s listed at the top of th	s schedule)	(b) Description		
	PURPOSE OF						de of Texas. Complete Schedule T.	
	EXPENDITURE					Check If Austin,	TX, officeholder living expense	
W.	Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Office	holder name		Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Contributions/Donations Made to Candidate/Officeholder/Politic		Legal Services	nonas expense		Wages/Contract Labor	Other (enter a catego	
Credit Card Payment		The Instruct	ion Guide expla	ins how to	complete this form.		
1 Total pages Schedule G: 4 Date 0 2 - 2 2 - 20 23 6 Amount (\$) 5 15 79, 58 Reimbursement from political contributions intended 8 PURPOSE OF	5 Payee nar Payee add 7 Payee add (a) Category	ME CALLA The CALLA Control Con	City; State; Stand	Ruiz Ruizp Code e ho	TEBUIL 116W DV 158	d A Sig	s Commission Filers)
EXPENDITURE	Mave	v tisi	ng ZXA	ense	Check if Austin	, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeho	der name		Office sought		Office held
Date	Payee na	ne					
Amount (\$)	Payee ad	dress;	City; State;	Zip Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories lis	ited at the top of this	schedule)		nside of Texas. Complete Sche	
Complete ONLY if direct expenditure to benefit C/C		late / Officeho	lder name		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee ad	dress;	City; State;	Zip Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories lis	sted at the top of this	schedule)		utside of Texas. Complete School, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/6		late / Officeho	lder name		Office sought		Office held
	ATT	ACH ADDITIC	NAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

14 C/OH NAME RIS	CillA K	RiolZ	15 Filer ID (Ethics Commission Filers)				
16 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 ADDRESS						
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	IAN S				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8				
EXPENDITURE TOTALS	\$ 0						
	4. TOTAL POLITICAL EXPENDITURES \$						
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	T DAY \$				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$				
MY	NOELIA RODEA COMMISSION EXPIRE CTOBER 10, 2025 ITARY ID: 129591930	true and correct and includes all in under Title 15. Election Code.	perjury, that the accompanying report is formation required to be reported by me				
AFFIX NOTARY STAM		Signature of Ca	ndigate or Officeholder				
Ma.		by the said Priscilla Kay Puis to certify which, witness my hand and seal of office					
Moelia	Prolee	Noelia Rodea	Notany Public				
Signature of officer	administering oath	Printed name of officer administering oath	Title of office administering oath				

CAMPAIGN FINANCE REPORT						
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Priscilla NICKNAME LAST	1 SUFFIX	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		BastrepTX 78602				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512)	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MYS - KATHLS NICKNAME LAST	MI SUFFIX	Peceipt # Amount \$ Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S		OP, TX 78602			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (3(1)	EXTENSION				
9 REPORT TYPE	January 15 30th day before a		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	04 /Oke / 2023	THROUGH 04	Day Year / 27 / 2023			
11 ELECTION	ELECTION DATE Month Day Year Primary 0.5/06/2073 L General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)	BISD, PL				
GO TO PAGE 2						