CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | VI | | |
|---|-----------------------|--------------------------------|--------------------------------|--------------------------------------|--|
| The C/OH Instruction G | Guide explains how | to complete this form. | 1 Filer ID (Ethic | s Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR MS | Kathleen | | Ä. | OFFICE USE ONLY |
| NAME | NICKNAME | Peele | | SUFFIX | Date Received CEIVER |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; | , | CAS, TX | | APR 0 3 2024 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTEN | | Date Hand-delivered or Date Postmarked 413/202 4 Receipt # Amount \$ |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR M5 | Kathleen LAST | 04 - 1006 - 1 - 1000 PM - 1000 | Asuffix | Date Processed 4 3 2024 |
| | | Peele | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (| NO PO BOX PLEASE); APT / SU | | ty; i CAS | TX 75002 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTEN | NSION | |
| 9 REPORT TYPE | January 15 | 30th day before el | | Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 | 8th day before elec | Clion | exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | O I | 17 /2024 | THROUGH | Month 03 | Day Year / 25 / 2024 |
| 11 ELECTION | Month Day | Year Primary | Runoff | Other Description | |
| 12 OFFICE | | Council Seal #6 | 13 OFFIC | E SOUGHT (IF known | uncit Mayor |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTIC | E OF POLITICAL CONTRIBUTIONS A | MAY HAVE BEEN MAD | OF WITHOUT THE CANI | ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| Additional Boson | GENERAL | COMMITTEE ADDRESS | | | |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TREA | ASURER NAME | | |
| | | COMMITTEE CAMPAIGN TRE | ASURER ADDRESS | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | Per/e | 6 Filer ID (Ethics Commission Filers) | | |
|--|--|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 500. ° | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,625,00 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 143.58 | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$2,791.36 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | DAY \$ 125. 625. C | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 LAST DAY OF THE REPORTING PERIOD | * O | | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true a puried to be reported by me under Title 15, Election Code. | and correct and includes all information | | |
| | 2111 00 | 1 | | |
| | Bathleen a. Re | ele | | |
| | Signature of Cano | lidate or Officeholder | | |
| | | | | |
| | | | | |
| | Please complete either option below: | | | |
| | · | | | |
| | 1 | | | |
| (1) Affidavit | Andrew Peele My Commission Expires 7/25/2027 Notary ID134474193 | | | |
| NOTARY STAMP/SEA | | | | |
| Sworn to and subscribed before me by | | | | |
| 20 | | | | |
| Andrew Jell | | | | |
| Signature of officer administe | ring oath Printed name of officer administering oath | Title of officer administering oath | | |
| OR DESIGNATION OF THE PROPERTY | | | | |
| (2) Unsworn Declaration | | | | |
| | | | | |
| My name is | , and my date of birth is | | | |
| My address is | | | | |
| | (Single) | te) (zip code) (country) | | |
| Executed in | County, State of, on the day of(month) | , 20 (year) | | |
| | | - IOM - It aldes (De alessa) | | |
| | Signature of Candidat | e/Officeholder (Declarant) | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | 19 FILER NAME Kathleen A Peele 20 Filer ID (Ethics Com | | | | |
|--|---|------------------|--------------------|--|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 1,125. | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ O | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ () | | |
| 4. | SCHEDULE E: LOANS | | \$ () | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI | NTRIBUTIONS | \$1,000 | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 395.68 | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (| CONTRIBUTIONS | \$ O | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 1,395_68 | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | IDS | \$ O | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ 💍 | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 0 | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED | \$ O | | |

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: | | | | |
| 2 FILER NAME | en A. Peele | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) | | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tructions) | | | | |
| Date 3/5/2024 | Full name of contributor out-of-state PAC (ID#: Robert Matern Contributor address; City; State; Zip Code Tmatern 1945 @ gmail. Com | Amount of contribution (\$) \$200 - | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | |
| Date 3/8/2024 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | |
| 3/8/2024 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| Principal occuţ | pation / Job title (See Instructions) Employer (See Instructions) | tructions) | | | | |
| | | | | | | |

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: | | | |
| 2 FILER NAME | leen A. Peele | 3 Filer ID (Ethics Commission Filers | 3) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) | | | |
| 3/11/2024 | Adam Sussman 6 Contributor address; City; State; adams 455 man@mac. com | \$100, <u>60</u> | | | |
| 8 Principal occu | | er (See Instructions) | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | |
| 3/13/2024 | I lene Mougel Contributor address; City; State; | \$ 50, au | | | |
| | ilenemougel@ verizon. Net | | | | |
| Principal occup | eation / Job title (See Instructions) Employ | er (See Instructions) | | | |
| Date | Full name of contributor | | | | |
| 3/25/2024 | Amanda Doelling Contributor address; City; State; Z ar doelling@yahoo. Com | \$ 50, 60 | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | |
| Date | Full name of contributor | | | | |
| | Contributor address; City; State; Z | | | | |
| 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Kathleen A. Peele | 3 Fil | er ID (Ethics Commission Filers) |
| 4 Date 04 /01/2024 | 5 Payee name U.S.A.A. Visa | · · · · · · · · · · · · · · · · · · · | |
| 6 Amount (\$) \$1,000 | 7 Payee address; 9800 Federicksburg Rd | SAN ANTONIO | State; Zip Code 78 288 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Pay Credit Card Campaign Adventising Expense/Credit Card Pa | (b) Description Pay Advertising to credit Card/C | expenses changed Credit CARD Payment |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, or | fficeholder living expense |
| 9 Complete ONLY 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 | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, of | ficeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | Citý; | State; Zip Code |
| 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, of | ficeholder 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 | | | |

UNPAID INCURRED OBLIGATIONS

Advertising Expense

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense | Fees Office Overhead/Rental Expense I fransportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Travel Out Of District | | | |
|---|--|--|--|--|
| Contributions/Donations Made B Candidate/Officeholder/Politics | Colored to the colore | | | |
| | The Instruction Guide explains how to complete this form. | | | |
| 1 Total pages Schedule F2: | 2 FILERNAME Kathleen A. Peele 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UNITER | MIZED UNPAID INCURRED OBLIGATIONS \$ | | | |
| 5 Date 4.1-2024 | U.S.A.A. Visa Cholit Cand | | | |
| 7 Amount (\$) | 8 Payee address; 9800 Fredericksburg Rd SAN Antonio Tx 78288 | | | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | | |
| 10 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Remaining Balance of Political Expenses charged. | | | |
| EXPENDITURE | (c) 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 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) Description | | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

| EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | |
|---|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | |
| | | its now to complete this form. | 0.50 . 15 (Filip Operation Files) | |
| 1 Total pages Schedule F4: | Kathleen A. Peele | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEM | ZED EXPENDITURES CHARGED | TO A CREDIT CARD | \$ 543.58 | |
| 5 Date 3 2024 | Voom Group - Print S | olutions | | |
| 7 Amount (\$) | 8 Pavee address: | City; | State; Zip Code | |
| \$503.96 | 1825 East Plano Parkway | y Suite 250 Plano | TX 75074 | |
| 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 | Campaign | Signs | |
| | (c) Check if travel outside of Texas. Complete | Schedule T. Check if Au | stin, TX, officeholder living expense | |
| 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH | | | | |
| Date | Voom Group - Print . | Solutions | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| \$748.14 | 1825 East Plano Parkwo | ny Suite 250 Plan | 10, TX 75074 | |
| TYPE OF EXPENDITURE | Political | Non-Political | | |
| | Category (See Categories listed at the top of thi | s schedule) Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Campaign | Signs | |
| | Check if travel outside of Texas. Complete | Schedule T. Check if Au | stin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |