CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form	m. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr First Mrs. Erica	М .	OFFICE USE ONLY
TWATE .	NICKNAME Kollaja	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #, 103 S. Hickory Lane, Columbus, Texas 78934	CITY; STATE; ZIP CODE	FEB 2 6 2024
Change of Address	With the Control of t		
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 409-3572	<i>}</i>	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Brad	MI	Date Processed
Con Contact.	NICKNAME LAST	SUFFIX	
	Kollaja	1,	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); AI 103 S. Hickory Lane, Coli	umbus, Texas, 78934	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(281-) 814-6734		
9 REPORT TYPE	January 15 30th day be	efore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 X 8th day before	ore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	02 / 06 / 2024	4 THROUGH 02	26 / 2024
11 ELECTION	Month Day real	imary Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	49 07507 001017 (110-0)	
12 OFFICE	Tax Assessor Collector	13 OFFICE SOUGHT (If known) Tax Assessor Coll	lector
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXPENDI	TIONS ACCEPTED OR POLITICAL EXPENDITURES MADE ITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEL(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN	N TREASURER NAME	
	COMMITTEE CAMPAIG	N TREASURER ADDRESS	
	GO 1	TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID	(Ethics Commission Filers)	
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER THAN JARANTEES OF LOANS, OR LECTRONICALLY)	\$		
	 TOTAL POLITICAL CON (OTHER THAN PLEDGES, 	TRIBUTIONS LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPE	ENDITURES	\$	579.50	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF THE LAS	T DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	THE \$		
	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 Can	didate or C	fficeholder	
	Please cor	mplete either option below	:		
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	pefore me by	this the	da	ay of,	
20, to certify which, witness my hand and seal of office.					
Signature of officer administer	ng oath Printed name of	officer administering oath	Title	e of officer administering oath	
		OR			
(2) Unsworn Declaratio	n \		Messer / P		
My name is	Sticker land	and my date of birth is_	12/4	19	
(street) (city) (state) (zip code) (country)					
Executed in	County, State of	day of (month)	ila 2	O_(year)	
		Signature of Candida	te/Officehol	der (Declarant)	
			1	1	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

F		
19	FILER NAME 20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 579.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Erica Kollaja 5 Payee name 02.06.24 Weimar Mercury 6 Amount (\$) 7 Payee address; City; State: Zip Code 178.50 Reimbursement from 200 W Main Street, Weimar, Texas 78962 political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Advertising Expense Newspaper ad **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 Weimar Mercury 02.08.24 Amount (\$) Payee address: City: State: Zip Code 35.00 Reimbursement from 200 W Main Street, Weimar, Texas 78962 political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** Newspaper Ad Advertising Expense **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 Pavee name 24 Hour Wristband.com 02.06.2024 Payee address: Amount (\$) City; State: Zip Code 366.00 online website Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense OF campaign handout materials EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder fiving 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	NAME 2 Filer ID (Ethics Commission Filers)
3	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
	X	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:
	X	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. Signature of Candidate
5		EHOLDER
	A	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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Date Received	
Date Hand-deli	vered or Date Postmarked
	Amount \$
Receipt #	Amount \$

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL	S	Signature of Filler
Sworn to and subscribed before me by 20, to certify which, witness my h		day of,
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oat
(1) - 4	State of NXCV , on the A day of Ry	(state) (zip code) (country) Onan, 20 (year) onth) (year)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER