

**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: \_\_\_\_\_ FIRST: Kevin MI: C  
 NICKNAME: \_\_\_\_\_ LAST: Kolba SUFFIX: \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: 548 Clark Ln APT / SUITE #: \_\_\_\_\_ CITY: Port Lavaca STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: (361) PHONE NUMBER: 550 8620 EXTENSION: \_\_\_\_\_  
 Date Hand-delivered or Date Postmarked: \_\_\_\_\_

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: \_\_\_\_\_ FIRST: Veronica MI: \_\_\_\_\_  
 NICKNAME: \_\_\_\_\_ LAST: Kolba SUFFIX: \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date Processed \_\_\_\_\_  
 Date Imaged \_\_\_\_\_

**7 CAMPAIGN ADDRESS**  
 (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): 548 Clark Ln APT / SUITE #: \_\_\_\_\_ CITY: Port Lavaca STATE: TX ZIP CODE: 77979

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: (361) PHONE NUMBER: 935 8032 EXTENSION: \_\_\_\_\_

**9 REPORT TYPE**  
 January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Monthly Reporting Limit     Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month / Day / Year: \_\_\_\_\_ THROUGH Month / Day / Year: \_\_\_\_\_

**11 ELECTION**  
 ELECTION DATE: Month / Day / Year: 3 / 5 / 24  
 ELECTION TYPE:  Primary     Runoff     Other (Designation: \_\_\_\_\_)  
 General     Special

**12 OFFICE** OFFICE HELD (if any): \_\_\_\_\_ **13 OFFICE SOUGHT (if known)**: Constable Pct 9

**14 POLITICAL COMMITTEE(S)**  
 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.  
 Additional Pages  
 COMMITTEE TYPE:  GENERAL     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		16 Filer ID (Ethics Commission Filers)	
CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. CONTRIBUTION BALANCE AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

required to be reported by me under Title 15, Election Code.

*Ken Kirk*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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)