# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 F	ler ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST			MI R	OFFICE	USE ONLY
NAME	NICKNAME	LAST Kolls		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3521 Silver Spur Dr. San Angelo, Tx 76904					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 212.2894		Date Hand-delivered	i or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		Mi	- Receipt #	Amount \$
NAME	Mr Ryan Nickname last suffix Newlin			Date Processed	Date Processed Date imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901					
8 CAMPAIGN TREASURER PHONE	area code (325)	PHONE NUMBER 277.2828		EXTENSION		-
9 REPORT TYPE	January 15	30th day before e	lection	Runoff	(Officeholde	r Only)
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	т	Month HROUGH 1	Day Year	
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year       3     1     22   General Special					
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Tom Green County Judge					
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE B THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R				NDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	TEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURE	R ADDRESS		
GO TO PAGE 2						

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 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)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,457.16			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	<sup>DAY</sup> \$ 17,276.99			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	<sup>THE</sup> \$ 3,000.00			
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true				
required to be reported by me under Title 15, Election Code.					
	Please complete either option below:				
		*			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(1) Affiidavit	VONA HUDSON	3			
(1) Affidavít	Notary Public, State of Texas Notary ID# 1142115-1	2			
	My Commission Expires 03-01-2	023			
	Constantine Constantin	~~ <b>5</b>			
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by Todd Kolls this the	15t day of February			
_	which, witness my hand and seal of office.	-			
Una Hudson		Notary			
Signature of officer administer		Title of officer administering oath			
	· · · · · · · · · · · · · · · · · · ·				
(2) Unsworn Declarati	Notary Public, State of Texas				
	My Commission Express				
My name is	, and my date of birth is				
		•			
My address is					
My address is		ate) (zip code) (country)			
My address is	(street) (city) (st	ate) (zip code) (country)			
	(street) (city) (st	ate) (zip code) (country)			
	(street) (city) (state of, on the day of (month)	ate) (zip code) (country)			

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)				
21	SUBTOTAL AMOUNT					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS \$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITI	CAL CONTRIBUTIONS \$ 5,457.16				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	ITICAL CONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	NAL FUNDS \$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON TO FILER	ITRIBUTIONS RETURNED \$				

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 Sharon G	oodwin	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
01/07/2022	6 Contributor address; City; State; Zip Code 3702 Sul Ross San Angelo tx 76904	100.00				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ir	istructions)				
Date 01/13/2022	Full name of contributor       out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Financial Advisor     Self						
Date 01/18/2022	Full name of contributor       out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occu retired	pation / Job title (See Instructions) Employer (See In Self	istructions)				
Date 01/20/2022	Full name of contributor       out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occup retired	pation / Job title (See Instructions) Employer (See In Self	istructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						