CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	emplete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Travis	W	OFFIC	EUSEONLY	
NAME	NICKNAME LAST SUFFIX Mitchell					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE No. of the control of t					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PI	HONE NUMBER	EXTENSION		ed or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	Travis	W	Receipt #	Amount \$	
NAME	NICKNAME	Mitchell	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO	BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PH	HONE NUMBER	EXTENSION			
9 REPORT TYPE	X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
10 PERIOD COVERED		Day Year 6 21	Month THROUGH 01	Day Ye	ar	
11 ELECTION	ELECTION DATE Month Day	Year Primary General	Description			
12 OFFICE	OFFICE HELD (if any) Mayor		13 OFFICE SOUGHT (if known)		
14 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'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
(0)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	CON	MMITTEE CAMPAIGN TR	EASURER 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)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTI PLEDGES, LOANS, OR GUARANTEES OF LOA CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA	NTEES OF LOANS) \$
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITUR	\$ \$
	4. TOTAL POLITICAL EXPENDITURES	\$2582.44
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accomputived to be reported by me under Title 15, Election Code.	anying report is true and correct and includes all information
Comm. E	Please complete either spires 02-17-2025 ID 126805359	option below.
NOTARY STAMP/SEAL		
	before me by <u>Travis Mitchell</u>	this the 19th day of January,
20 22 to certify	which, witness my hand and seal of office. Jenni fer Holm	notary Public
Signature of officer administer		oath Title of officer administering oath
(2) Unsworn Declaration	on OR	
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 (year)
		Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer	ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$2582.44
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	utions \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	IONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	TURNED \$

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
Candidata/Officaholder/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)

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Fil
	Travis Mitchell	7 1101 12 (23100 001111100011 11	
Date	5 Payee name		
/1/21	Rick Koch Campaign		
Amount (\$) 2,582.44	7 Payee address; Kyle, TX 78640	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Campaign Donation	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
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, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		A STATE OF THE STA
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Cetegories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Chack if Aunt	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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	AME 2 Filer ID (Ethics Commission Filers)			
	Travis	Mitchell			
3	SIGNA	TURE			
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any in contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder			
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS			
	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			
	Chec	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.			
		Signature of Candidate			
5		HOLDER olete this section only if you are an officeholder ••			
	x	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			