CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 6 The C/OH instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Mrs. Kristin Ë NAME Date Received NICKNAME LAST SUFFIX Stevens Jan. H, 202) 2:20pm 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY STATE: ZIP CODE **OFFICEHOLDER** Round Rock TX 78681 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receiot # Amount S MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER Aaron D Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Dominguez STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, 7 CAMPAIGN STATE: ZIP CODE TREASURER **ADDRESS** Round Rock TX 78664 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Month Year Month Year COVERED 2024 12 31 2024 THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Description Month Day Year 5 2024 Special 1 General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Round Rock City Council Place 5 Round Rock City Council Place 5 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDERS KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS GENERAL N/A Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC N/A COMMITTEE CAMPAIGN TREASURER ADDRESS N/A **GO TO PAGE 2**

| | N FINANCE REPORT | FORM C/OH COVER SHEET PG 2 | | |
|----------------------------|--|--|--|--|
| 15 C/OH NAME | Kristin Stevens | 16 Filer ID (Ethics Commission Filers) | | |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 101.96 | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 485.46 | | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | T DAY \$ 13,324.39 | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ 12,569.00 | | |
| | swear, or affirm, under penalty of perjury, that the accompanying report is true equired to be reported by me under Title 15, Election Code. | and correct and includes all information | | |
| | KADOO | | | |
| | Signature of Car | ndidate or Officeholder | | |
| | Please complete either option below | • | | |

| (1) Affidavit | | | | | | |
|---|-----------------------------|--------------|----------------|--------------------|--------------------------|-----------|
| NOTARY STAMP/SEAL | | | | | | |
| Swom to and subscribed before | me by | | th | is the | day of | |
| 20, to certify which, w | vitness my hand and seal of | office. | | | | |
| Signature of officer administering oath | me of officer administe | ring oath | | Title of office | r administering oath | |
| 7411.10 - 744. | | OR | | | | |
| (2) Unsworn Declaration | | | | | | 7. |
| My name is | Kristin Stevens | | and my date of | birth is | | |
| My address is | | ,F | ound Rock | , <u>TX</u> | 78681 | USA |
| | (street) | | (city) | (state) | (zip code) | (country) |
| Executed in Williamson | _ County, State of _Texas | s , on the _ | 15 day of | January (month) | , 20 <u>25</u> (vear) | |
| | | | Signature of | Candidate/Of | ficeholder (Dec | larant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME Kristin Stevens | iler ID (Ethics Commission Filers) |
|-----|---|------------------------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | SCHEDULE E: LOANS | \$ 0.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU | TIONS \$ 0.00 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR | BUTIONS \$ 0.00 |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 485.46 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSING | ESS OF C/OH \$ 0.00 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU | \$ 0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER | RETURNED \$ 0.00 |

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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/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

| Candidate/Officeholder/Politica Credit Card Payment | | egal Services The Instruction Guide explain | Salaries/Wages/Cont 18 how to complete | tract Labor (| ravel Out Of District Other (enter a catego | |
|--|----------------|---|---|---------------------|--|--------------------|
| 1 Total pages Schedule F1: | 2 FILER NAM | ΛE | | 3 | Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee nam | 6 | | | | |
| 6 Amount (\$) | 7 Payee addr | ess; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (| See Calegories listed at the top of this | schedule) (b) De | scription | | |
| | (c) cr | eck if travel outside of Texas. Complete S | chedule T. | Check if Austin, T | X. officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | | e / Officeholder name | Offi | ce sought | | Office held |
| Date | Payee name | • | | | | |
| Amount (\$) | Payee addr | ess; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (S | ee Categories listed at the top of this s | chedule) De: | scription | | |
| | Ch | eck if travel outside of Texas. Complete S | chedule T. | Check if Austin, T | X, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | | e / Officeholder name | Offic | ce saught | 1 | Office held |
| Date | Payee nam | e | | | | |
| Amount (\$) | Payee addr | ess; | | City. | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (S | ee Categories listed at the top of this s | chedule) De: | scription | | |
| | Ch | eck if travel outside of Texas. Complete S | chedule T. | Check if Austin, Ta | X, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | / Officeholder name | Offi | ice sought | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

EXPENDITURES MADE BY CREDIT CARD

| If the requested inform | nation is not applicab | | | | | | DULE F4 | |
|--|--|---|---|--|------------------------|--|------------------------|--|
| | To not approud | le, DO NOT in | clude this | page in the | report. | | | |
| EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | | |
| Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services | | | Office On Polling E Printing (| | nse Tra Tra Tra | licitation/Fundraisin ansportation Equiph avel In District avel Out Of District her (enter a categor | ient & Related Expense | |
| The Instruction | Guide explains how to co | mplete this form. | | USE A NEW PAG | E FOR EAC | H CREDIT CAR | ISSUER | |
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME Kristin Stevens | | | | 3 | FILER ID (Ethics | Commission Filers) | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 101.96 | | | | | | | | |
| 5 CREDIT CARD ISSUER | Name of financial institution American Express | | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date Expenditu | • | (c) Date(s) Credit | Card Issuer P | aid | | |
| | \$ 383.50 | 12/9/20 | | ,,, = ===,, =, ==== | | 12/21/2024 | | |
| 7 PAYEE | (a) Payee name | | (b) Payee add | dress; | City, | State, | Zip Code | |
| | BT Siteground | Hosting | 901 | North Pitt St. | Ste. 325, | Alexandria, \ | /A 22314 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories lis | ted at the top of this sche | fule) | (b) Description | | | | |
| Political | Advertis | ing Expense | | | Dom | Pomain Hosting | | |
| Non-Political | (c) Check if travel out: | ide of Texas. Complet | e Schedule T. | Che | ck if Austin, TX | , officeholder living | expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder n | ame | Offi | ce Sought | | Office Held | | |
| PAYMENT | (a) Amount Charged | (b) Date Expenditu | wo Charand | (c) Date(s) Credit (| Coad Jacobs D | atal | | |
| PARMERI | \$ | (o) Date expendito | ire chaigeù | (c) Date(s) Clebit (| calu issuer P | aio | | |
| PAYEE | (a) Payee name | | (b) Payee add | lress: | City, | State, | Zip Code | |
| | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories list | led at the top of this sched | lule) | (b) Description | | | | |
| 1.7 | (a) Category (See Categories list | ied at the top of this sched | lule) | | | | | |
| EXPENDITURE | | led at the top of this sched | | (b) Description | eck if Austin, T | (, officeholder living | | |
| EXPENDITURE Political | | ide of Texas. Complete | e Schedule T. | (b) Description | eck if Austin, T | C, officeholder living | | |
| EXPENDITURE Political Non-Political Complete ONLY if direct | (c) Check if travel outs | ide of Texas. Complete | e Schedule T. Offi | (b) Description | | Office Held | | |
| EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH | (c) Check if travel outs Candidate / Officeholder n | ide of Texas. Complete | e Schedule T. Offi | (b) Description Che | | Office Held | | |
| EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH | (c) Check if travel outs Candidate / Officeholder n (a) Amount Charged | ide of Texas. Complete | e Schedule T. Offi | (b) Description Che ce Sought (c) Date(s) Credit (| | Office Held | expense | |
| EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE | (c) Check if travel outs Candidate / Officeholder n (a) Amount Charged \$ | ide of Texas. Complete ame (b) Date Expenditu | e Schedule T. Offi re Charged (b) Payee add | (b) Description Che ce Sought (c) Date(s) Credit (| Card Issuer P | Office Held | expense | |
| EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political | (c) Check if travel outs Candidate / Officeholder in (a) Amount Charged \$ (a) Payee name (a) Category (See Categories list | de of Texas. Complete ame (b) Date Expenditu | e Schedule T. Offi re Charged (b) Payee add | (b) Description Che ce Sought (c) Date(s) Credit (c) | Card Issuer P | Office Held | expense | |
| EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE | (c) Check if travel outs Candidate / Officeholder in (a) Amount Charged \$ (a) Payee name (a) Category (See Categories list | ide of Texas. Complete ame (b) Date Expenditu | e Schedule T. Offi re Charged (b) Payee add | (b) Description Che ce Sought (c) Date(s) Credit (c) less; | Card Issuer P City, | Office Held | expense Zip Code | |
| EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political | (c) Check if travel outs Candidate / Officeholder in (a) Amount Charged \$ (a) Payee name (a) Category (See Categories list | ide of Texas. Complete ame (b) Date Expenditu ed at the top of this sched | e Schedule T. Offi re Charged (b) Payee add ule) | (b) Description Che ce Sought (c) Date(s) Credit (c) less; | Card Issuer P City, | Office Held | expense Zip Code | |



Filer name

(1) Affidavlt

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 any calendar year must file all subsequent reports electronically.

| R EHOLDER: XEMPTION | Date Received | | |
|---------------------------|--|----------|--|
| d with each paper report. | Date Hand-delivered or Date Postmarked | | |
| n political expenditures | Receipt# | Amount 5 | |
| | Dale Processed | | |
| | Date imaged | | |
| \$32,810 in political cor | ntributions or r | made | |

OFFICE USE ONLY

 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.

Filer (D#

- 2. 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.
- 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.
- I am filing this affidavit with the ______C-OH ___report due on _____January 15th, 2025 ___.
 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

Kristin Stevens

Signature of Filer NOTARY STAMP/SEAL Sworn to and subscribed before me by ____ day of ____, 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 (2) Unsworn Declaration Kristin Stevens ___, and my date of birth is ___September 25, 1975 My name is _____ My address is _____ 901 Hidden Glen Drive TX Round Rock 78681 (street) (city) (state) (zip code) Executed in Williamson January County, State of Texas 15 day of 20 25 (month) Signature of Filer (Declarant)

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