CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Kim	мі D.	OFFICE USE ONLY		
NAME	NICKNAME	Plummer	SUFFIX	Date in police CITIVE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 1102 Berkma Victoria Texa	in	CITY; STATE; ZIP CODE	BY: MO		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 676-2794	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LeAnn LAST	MI SUFFIX	Date Processed		
	HORNAME	Schramek	33	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS		no po box please); APT / Sane, Victoria Texas		STATE: ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(361)	575-0012	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
	July 15	8th day before ele	Reporting Limit	Filial Report (Atlauti 6/0/1717)		
10 PERIOD COVERED	Month 2	Day Year / 22 / 22	THROUGH 6	Day Year / 22		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any) District Cle	rk	13 OFFICE SOUGHT (if know	n)		
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 / 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.					
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME 16 File ID (Ethics Commission Filers) 17 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEBOES, LOANS, OR QUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OF REPORTING PERIOD OF REPORTING PERIOD OF THE REPORTING PERIOD 16 SIGNATURE 1 swear, or affirm, under penalty of porjury, that the accompanying report is too and correct and includes all information required to be reported by me under Title 15. Election Code. Please complete either option below: Please complete either option below: Please difference of officer administering oath OTAL PRINCIPAL AGAINST STEAMS SWorn to and subscribed before me by Impured and seal ofoffice. When the steams of officer administering oath Printed name of officer administering oath Title of officer administering oath Title of officer administering oath Title of officer administering oath My address is					
PLEDECES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD CONTRIBUTION BALANCE 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING CLOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 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 Please complete either option below: Please complete either option below: This the Principal Amount of Authority of Decity of Decity which, witnessary hand and seal of office. AND JOERS AND SEALES SUPPLY SEALES Signature of officer administering oath Printed name of officer administering oath Printed name of officer administering oath Title of officer administering oath Title of officer administering oath OUTS AND SEALES SIGNATURE (circet) (city) (city) (city) (city) (country) Executed in County, State of (country) (country)	15 C/OH NAME		16 Filer II	D (Ethics Co	ommission Filers)
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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. Please complete either option below: What is the state of the state			T DAY	\$ 2	,348.65
Please complete either option below: Comm. Express 12: 19-2020 Notary ID 132781968 NOTARY STAMP / SEAL Sworn to and subscribed before me by Kim Plant this the IA day of Plant day of Plant State of Texas Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR County State of Or Or Or Or Or Or Or O			THE	\$	
DEBRA RINEHART STEVENSON TO Adelant Notary Public, State of Toxes Notary ID 13228968 NOTARY STAMP/SEAL Sworn to and subscribed before me by	red	- Ohin M	JUAN Indidate or	MU)	er
DEBRA RINEHART STEVENSON Notary Public, State of Toxes Notary ID 132289368 NOTARY STAMP/SEAL Sworn to and subscribed before me by		Please complete either option below	:		
Sworn to and subscribed before me by	DEBRA RINE Notary Publi Comm. Exp Notary IE	HART STEVENSON (c. State of Texas) 1005 12-19-2020 (c. State of Texas) 132289968			
Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is		Kin Plymous	144	day of	July.
(2) Unsworn Declaration My name is, and my date of birth is My address is, (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20	11/1/		nL		Hary
(2) Unsworn Declaration My name is	Signature of officer administe	ring oath Printed name of officer administering oath	7	Title of office	r administering oath
My name is		OR			
My address is	(2) Unsworn Declarati	on			
(street) (city) (state) (zip code) (country) Executed in County, State of , on the day of , 20 (year)	My name is	, and my date of birth is			
Executed in County, State of , on the day of, 20 (year)	My address is		,		·
				zip code)	(country)
	Executed in	County, State of, on the day of)	, 20	
Signature of Candidate/Officeholder (Declarant)		Metroscond Company of the Company of		holder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	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 COL	NTRIBUTIONS	s 1,204.19
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 FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	

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
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The instruction Guide explains how to complete this form.

			T		
1 Total pages Schedule F1:	2 FILER NAME Kim Plummer	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
02/23/2022	Puddleback				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
229.19	713 S. Bridge Street	Victoria	Tx	77901	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign T-S	Shirts		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	ustin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
06/29/2022	Ideal Marketing Group				
Amount (\$)	Payee address;	City;	State;	Zip Code	
975.00	P. O. Box 141416	Irving	Tx	75014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Health & Wellness Guide, Calendars, Emergency Guide Magnets			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Aust	neck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		