

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">4</div>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>Keith</u> MI: <u>D</u> NICKNAME: _____ LAST: <u>Olson</u> SUFFIX: _____	OFFICE USE ONLY Date Received: <u>1/15/13 KIE</u> <hr/> Date Hand-delivered or Postmarked: _____ <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <hr/> Date Processed: <u>1/15/13 KIE</u> <hr/> Date Imaged: <u>1/15/13 KIE</u>		Receipt #	Amount		
Receipt #	Amount						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2402 Settlers Way Huntsville</u> <u>Texas 77320</u>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(936) 291-9999</u>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Ms</u> FIRST: <u>Tabatha</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>Kirkland</u> SUFFIX: _____						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1211 15th Street Huntsville Texas, 77340</u>						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(936) 295-8222</u>						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>10 / 30 / 2012</u> <u>12 / 31 / 2012</u>						
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>11 / 06 / 2012</u>						
12 OFFICE	OFFICE HELD (if any) <u>Huntsville City Council at-large Position #4</u>	13 OFFICE SOUGHT (if known) _____					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Keith D. Olson

15 ACCOUNT # (Ethics Commission Filers) _____

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1407.38

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1644.38

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1875.38

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

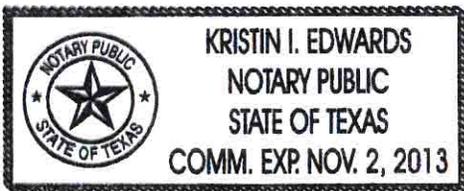
\$ 66.31

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Keith Olson, this the 15th day of January, 20 13, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Kristin Edwards

Printed name of officer administering oath

Deputy City Secretary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

Keith

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/2/2012

5 Full name of contributor out-of-state PAC (ID#: _____)

Tabatha Kirkland

6 Contributor address; City; State; Zip Code

1211 15th Street Huntsville,
Texas 77340

7 Amount of contribution (\$)

237.00

8 In-kind contribution description (if applicable)

T-shirts

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business Owner

10 Employer (See Instructions)

Self

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

