

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|---------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) _____ | 2 Total pages filed: 9 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR _____ FIRST Keith MI D NICKNAME _____ LAST Olson SUFFIX _____ | OFFICE USE ONLY Date Received 10/26/15 Date Hand-delivered or Date Postmarked 10/26/15 Receipt # _____ Amount \$ _____ Date Processed 10/26/15 Date Imaged 10/26/15 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1211 15th Street Huntsville, Texas, 77340 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (936) 291-9999 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR _____ FIRST Tabatha MI _____ NICKNAME _____ LAST Kirkland SUFFIX _____ | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1211 15th Street, Huntsville, Texas, 77340 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (936) 295-8222 | | |
| 9 REPORT TYPE | <input 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 checked="" 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 Month Day Year 09 / 25 / 2015 THROUGH 10 / 24 / 2015 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 03 / 2015 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) Huntsville City Council Position #4 at-Large | 13 OFFICE SOUGHT (if known): Mayor of the city of Huntsville | |
| GO TO PAGE 2 | | | |

SUBTOTALS - C/OH

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

| | | |
|---|---|--|
| 19 FILER NAME <i>Keith D. Olson</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1840. ⁰⁰ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3078. ⁰⁰ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ — |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ — |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 283.62 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ — |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ — |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ — |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ — |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ — |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Keith D. Olson 15 Filer ID (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: _____

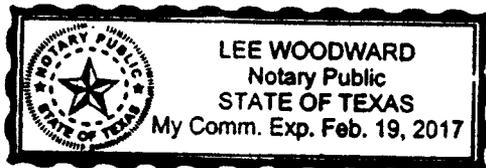
COMMITTEE CAMPAIGN TREASURER NAME: _____

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 | \$ 340.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4918.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ _____ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 283.62 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1617.56 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ _____ |

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 26th day of October, 2015, to certify which, witness my hand and seal of office.

[Signature] Lee Woodward City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Keith D. Olson

3 Filer ID (Ethics Commission Filers)

4 Date 10/5/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Joe & Winnie Sandel

7 Amount of contribution (\$) 100.00

6 Contributor address; City; State; Zip Code
16 Elkins Lake Huntsville, TX 77340

8 Principal occupation / Job title (See Instructions)
Sandel Energy

9 Employer (See Instructions)
Self

Date 10/5/2015

Full name of contributor out-of-state PAC (ID#: _____)
Wayne & Andrea Scott

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
600 Elkins Lake Huntsville, Texas 77340

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date 10/5/2015

Full name of contributor out-of-state PAC (ID#: _____)
Todd & Shellie Armstrong

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
126 Willow Bend Huntsville, TX 77320

Principal occupation / Job title (See Instructions)
Banker

Employer (See Instructions)
Community Service Credit Union

Date 10/5/2015

Full name of contributor out-of-state PAC (ID#: _____)
Dennis & Patsy Reed

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
1518 14th Street Huntsville, TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Keith D. Olson

3 Filer ID (Ethics Commission Filers) _____

4 Date 10/4/2015

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

7 Amount of contribution (\$) 500.00

6 Contributor address; City; State; Zip Code
100 Medical Ctr. Blvd. Ste 216 Conroe, TX 77384

8 Principal occupation / Job title (See Instructions)
Doctor

9 Employer (See Instructions)
Self

Date

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

Amount of contribution (\$)

10/5/2015

Bill & Ann Hodges
Contributor address; City; State; Zip Code

300.00

241 Hickory Huntsville, TX 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

10/5/2014

Will & Kathy Durhan
Contributor address; City; State; Zip Code

100.00

356 Elkins Lake Huntsville, TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

10/5/2015

Dr & Mrs Eugene Barnett
Contributor address; City; State; Zip Code

50.00

1314 10th Street Huntsville, TX, 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Keith D. Olson

3 Filer ID (Ethics Commission Filers) _____

4 Date 10/6/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Dr Curtis & Lydia Montgomery

7 Amount of contribution (\$) 150.00

6 Contributor address; City; State; Zip Code
956 Elkins Lake, Huntsville, TX 71340

8 Principal occupation / Job title (See Instructions) _____

9 Employer (See Instructions) _____

Date _____

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$) _____

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 (\$) _____

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 (\$) _____

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>2</u> |
| 2 FILER NAME <u>Keith D. Olson</u> | | 3 Filer ID (Ethics Commission Filers) _____ |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>2228.00</u> |
| 5 Date <u>10/5/2015</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mr Jeff Bradley</u> | 8 Amount of Contribution \$ <u>1950.00</u> 9 In-kind contribution description <u>Fundraiser</u> |
| 7 Contributor address; City; State; Zip Code <u>1816 Pleasant Huntsville, TX 77320</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Self-Employed</u> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) _____ |
| 12 Contributor's principal occupation (FOR JUDICIAL) _____ | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) _____ |
| 14 Contributor's employer/law firm (FOR JUDICIAL) _____ | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) _____ |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) _____ | | |

| | | |
|--|--|--|
| Date <u>10/16/2015</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dr Tim & Kay Diehl</u> | Amount of Contribution \$ <u>278.00</u> In-kind contribution description <u>Fundraiser</u> |
| Contributor address; City; State; Zip Code <u>260 I-455 Suite B Huntsville, TX, 77340</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Doctor</u> | | Employer (FOR NON-JUDICIAL) (See Instructions) _____ |
| Contributor's principal occupation (FOR JUDICIAL) _____ | | Contributor's job title (FOR JUDICIAL) (See Instructions) _____ |
| Contributor's employer/law firm (FOR JUDICIAL) _____ | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) _____ |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) _____ | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>2</u> |
| 2 FILER NAME <u>Keith D Olson</u> | | 3 Filer ID (Ethics Commission Filers) _____ |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>850.00</u> |
| 5 Date <u>10/16/2015</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>George Spentzos / Humphrys</u> | 8 Amount of Contribution \$ <u>850.00</u> |
| 7 Contributor address; City; State; Zip Code <u>1930 Sam Houston Ave Huntsville, TX 77340</u> | | 9 In-kind contribution description <u>Caterer</u> |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Self-employed</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 11 Employer (FOR NON-JUDICIAL) (See Instructions) _____ | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) _____ | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) _____ |
| 14 Contributor's employer/law firm (FOR JUDICIAL) _____ | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) _____ |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) _____ | | |

| | | | |
|---|---|--|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| / | Contributor address; City; State; Zip Code _____ | _____ | _____ |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) _____ | | Employer (FOR NON-JUDICIAL) (See Instructions) _____ | |
| Contributor's principal occupation (FOR JUDICIAL) _____ | | Contributor's job title (FOR JUDICIAL) (See Instructions) _____ | |
| Contributor's employer/law firm (FOR JUDICIAL) _____ | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) _____ | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) _____ | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: <u>1</u> | 2 FILER NAME <u>Keith D. Olson</u> | 3 Filer ID (Ethics Commission Filers) _____ |
| 4 Date <u>10/20/2015</u> | 5 Payee name <u>Tough Shirts</u> | |
| 6 Amount (\$) <u>283.62</u> | 7 Payee address; City; State; Zip Code <u>1304 San Houston Avenue Ste B Huntsville, Texas, 77340</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>T-Shirts</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------------|---------------------|-------------------|
| 9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------------|---------------------|-------------------|
| Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------------|---------------------|-------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name _____ | Office sought _____ | Office held _____ |
|--|-------------------------------------|---------------------|-------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED