		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST AMY	М Ј	OFFICE USE ONLY	
NAME	NICKNAME	PATTILLO	SUFFIX	Date Received 10128124	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  ROLLINGWOOD, TX 78746			CMR	
Change of Address	APEA CORE	DUONE NUMBER	EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Amount \$	
TREASURER NAME	MRS	AMY	J	Date Processed	
	NICKNAME	PATTILLO	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS		ROLLIN	IGWOOD, TX 78746		
(Residence or Business)	AREA CODE	PHONE NUMBER	EXTENSION		
8 CAMPAIGN TREASURER PHONE	AREA CODE	FRONE NOWBER	LATENSION		
9 REPORT TYPE	January 15	30th day before	election	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 9	Day Year  / 27 / 24	THROUGH 10	Day Year  / 26 / 24	
11 ELECTION	ELECTION DA	TE Year Primary	ELECTION TYP	E	
	11 / 5	24 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	DD COUNCIL MEMBER	
14 NOTICE FROM POLITICAL	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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
GO TO PAGE 2					

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

CAIVIPAIGI	N FINANCE REPORT	
15 C/OH NAME AMY J. PATTILLO	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	<sup>AY</sup> \$ 716.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ *
18 SIGNATURE   I	swear, or affirm, under penalty of perjury, that the accompanying report is true an	nd correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	Signature of Candid	date or Officeholder
	Please complete either option below:	
(1) Affidavit		
(1, Alliuavit		
NOTARY STAMP/SEA	L.	
Sworn to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR .	
(2) Unsworn Declarati	on	
My name is AMY	PATTILLO, and my date of birth is	
My address is	Pollingunos, TR	, 78746, US
	(street) (city) (state	
Executed in TMANIS	County, State of Texts, on the 28 day of OCTOB (month)	er., 20 24. (vear)
		·/
	Signature of Candidate	Afficeholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

i i	P FILER NAME AMY J. PATTILLO 20 Filer ID (Ethics Co		nmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			1,010.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
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 FU	NDS	\$	440.81
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

			The state of the s			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
AMY J. I	PATTILLO					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION		BUTIONS	\$ 960.00			
5 Daté	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution   description			
10/01/2024			960.00   PRINTED YARD			
	ROLLINGWOOD, T	ROLLINGWOOD, TX 78746				
•	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	ployer (FOR NON-JUDICIAL)(See Instructions)			
FABRICA		AVECMODE LLC				
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	Zip Code	Amount of Contribution \$   In-kind contribution description   PRINTER TONER AND PAPER FOR CAMPAIGN FLYERS			
	ROLLINGWOOD, T	•	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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 1	'HIS SCHEDI	ULE AS NEEDED			
	If contributor is out-of-state PAC, please see Instructi	on guide for	r additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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.

	, Salon Galao explaine new to					
1 Total pages Schedule G:	2 FILER NAME AMY J. PATTILLO	:	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
10/14/2024	WIX.COM					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
31.39  Reimbursement from political contributions intended	500 Terry A. Francois Boulevard, 6th Floor, San Francisco, CA, 94158					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	Advertising Expense	Website hosting support				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	expense		
9	Candidate / Officeholder name	Office sought		Office held		
Complete ONLY if direct expenditure to benefit C/OH	AMY J. PATTILLO Rollingwood Council Member					
Date	Payee name					
10/26/2024	Austin Epicure					
Amount (\$)	Payee address;	City;	State;	Zip Code		
362.88  Reimbursement from political contributions intended	438 Ridgewood Rd West Lake Hills, TX 78746					
BURDOOF	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Charcuterie				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/	OH AMY J. PATTILLO RO	ollingwood Council Me	mber			
Date	Payee name					
09/30/2024	WIX.COM					
Amount (\$)	Payee address;	City;	State;	Zip Code		
46.54  Reimbursement from political contributions intended	500 Terry A. Francois Boulevard, 6th Floor, San Francisco, CA, 94158					
DURBOSE	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Website hosti	ng support			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OH	AMY J. PATTILLO	ollingwood Council Me	ember			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEL	DED			