

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mrs</b>	FIRST <b>Kerry</b>	MI <b>L</b>	<b>OFFICE USE ONLY</b>  Date Received <i>Received 4/26/2024 4:11 pm VP</i>
	NICKNAME	LAST <b>Fossler</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>1903 Main St. Bastrop, TX 78602</b>	APT / SUITE #;	CITY; STATE; ZIP CODE	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(713 )</b>	PHONE NUMBER <b>882-7218</b>	EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Ms</b>	FIRST <b>Elise</b>	MI <b>M</b>	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST <b>DiNuzzo</b>	SUFFIX	Receipt #      Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <b>313 Cedar St.</b>		APT / SUITE #;	CITY; STATE; ZIP CODE <b>Bastrop, TX 78602</b>
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 281 )</b>	PHONE NUMBER <b>503-1958</b>	EXTENSION	Date Processed
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>03 / 26 / 2024      THROUGH      04 / 24 / 2024</b>			
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>05 / 4 / 2024</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>None</b>		<b>13 OFFICE SOUGHT (if known)</b> <b>Bastrop City Council, Place 4</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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.			
	<input type="checkbox"/> GENERAL	COMMITTEE TYPE		
	<input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

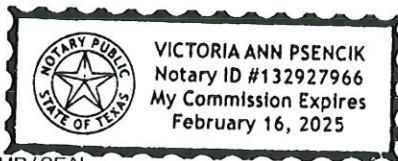
15 C/OH NAME Kerry Fossler		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 245.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,837.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 568.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,818.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 721.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

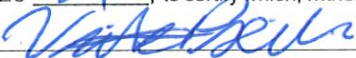
  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kerry Fossler this the 26th day of April, 2024, to certify which, witness my hand and seal of office.  
 Victoria Ann Pscenik Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Kerry Fossler		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,592.61
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 CONTRIBUTIONS		\$ 2,250.00
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 FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**Reset Form**

**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Kerry Fossler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/28/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sonya Cote</b> 6 Contributor address; City; State; Zip Code <b>1910 Main St. Bastrop, TX 78602</b>	7 Amount of contribution (\$) <b>104.42</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/29/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Vicki Bigham</b> Contributor address; City; State; Zip Code <b>53158B FM 1960 Rd. W, #115, Houston, TX 77069</b>	Amount of contribution (\$) <b>52.37</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/29/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Virginia Baker</b> Contributor address; City; State; Zip Code <b>504 Bering Dr. Apt #601, Houston, TX 77057</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/29/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sumai Lokumbe</b> Contributor address; City; State; Zip Code <b>508 Cedar St. Bastrop, TX 78602</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Kerry Fossler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/29/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kay Kemp</b> ----- 6 Contributor address; City; State; Zip Code <b>105 My Road Bastrop, TX 78602</b>	7 Amount of contribution (\$) <b>104.42</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/29/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jen Hult</b> ----- Contributor address; City; State; Zip Code <b>1168 Greenwich St, Apt3, San Francisco, CA 94109</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/30/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marcia Rowley</b> ----- Contributor address; City; State; Zip Code <b>134 Emerald Loch Lane, Richmond, TX 77469</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/30/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Hok</b> ----- Contributor address; City; State; Zip Code <b>4940 Skyline Dr. Syracuse, NY 13215</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Kerry Fossler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/30/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Grantham</b> <hr/> 6 Contributor address; City; State; Zip Code <b>1520 Sunny Mead Ln, Estes Park, CO 80517</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/30/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Wilhite</b> <hr/> Contributor address; City; State; Zip Code <b>19924 Driver Forest Dr, Porter, TX 77365</b>	Amount of contribution (\$)  <b>104.42</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/02/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ezra Moore</b> <hr/> Contributor address; City; State; Zip Code <b>1006 S Rainbow Ranch Rd. Wimberley, TX 78676</b>	Amount of contribution (\$)  <b>208.54</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/03/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kate Purse</b> <hr/> Contributor address; City; State; Zip Code <b>25707 Salceda Rd, Valencia, CA 93155</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Oates 6 Contributor address; City; State; Zip Code 4493 Sendera Court, College Station, TX 77845	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marysol Valle Contributor address; City; State; Zip Code 119 Daisy Lane, Bastrop, TX 78602	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Dey Contributor address; City; State; Zip Code 15504 25th Avenue Northeast, Lake Forest Park, WA 98155	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay Edgar Contributor address; City; State; Zip Code 1105 Walnut St. Bastrop, TX 78602	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Kerry Fossler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ron Ramirez</b> ..... 6 Contributor address; City; State; Zip Code <b>P.O Box 702, Elgin, TX 78621</b>	7 Amount of contribution (\$)  <b>26.34</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/24/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Urbanek</b> ..... Contributor address; City; State; Zip Code <b>173 Papawai Dr, Bastrop, TX 78602</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/26/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carmen Chronis</b> ..... Contributor address; City; State; Zip Code <b>130 Edge Water Trl, Bastrop, TX 78602</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Kerry Fossler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/04/2024	<b>5</b> Payee name Descript Media - Community Impact	
<b>6</b> Amount (\$) 600.00	<b>7</b> Payee address; City; State; Zip Code 385 Grove St. San Francisco, CA 94102	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Digital Newsletter Banner
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/04/2024	Payee name Lancaster Social Media Relations	
Amount (\$) 550.00	Payee address; City; State; Zip Code 1502 Main St. Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media management
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/12/2024	Payee name Lancaster Social Media Relations	
Amount (\$) 550.00	Payee address; City; State; Zip Code 1502 Main St. Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media management
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kerry Fossler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/19/2024	<b>5</b> Payee name Lancaster Social Media Relations	
<b>6</b> Amount (\$) 550.00	<b>7</b> Payee address; City; State; Zip Code 1502 Main St. Bastrop, TX 78602	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Social Media management
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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

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