

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Todd	MI	OFFICE USE ONLY Date Received JUL 15 2022 AM 11:42 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged JUL 15 2022 AM 11:42	
	NICKNAME	LAST Kolls	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3521 Silver Spur Dr. San Angelo, Tx 76904				
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 212-2894		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ryan	MI		
	NICKNAME	LAST Newlin	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 277-2828		EXTENSION
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 (Officerholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 5 / 15 / 20		THROUGH	Month Day Year 6 / 30 / 20	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5 / 24 / 22	Primary <input checked="" type="checkbox"/> Runoff General Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Tom Green County Judge		
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<small>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.</small>				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

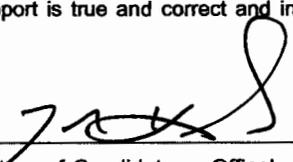
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,546.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,641.84

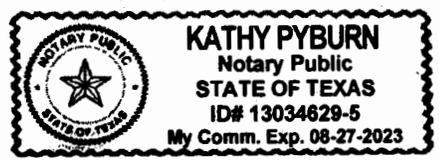
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

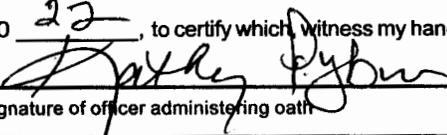
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Todd Hollis this the 15 day of July, 2022, to certify which, witness my hand and seal of office.


Kathy Pyburn
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,500.00
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		\$ 7,546.95
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		\$

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:
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 05/16/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Bill Elliott	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code PO Box 3224 San Angelo, Tx 76902	
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) self
Date 05/16/2022	Full name of contributor out-of-state PAC (ID#: _____) Tye Farmer	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2132 Copper Rock San Angelo, Tx 76904	
Principal occupation / Job title (See Instructions) Electrical Supply Sales		Employer (See Instructions) Border States
Date 05/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Ryan Newlin	Amount of contribution (\$) 750.00
	Contributor address; City; State; Zip Code 2525 W. Ave J. San Angelo, Tx 76901	
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) self
Date 05/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Casey Baize	Amount of contribution (\$) 150.00
	Contributor address; City; State; Zip Code 13454 Hwy 277 S. San Angelo, Tx 76904	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self
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

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:
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 05/17/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Dean McInturff	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 3025 Oak Mountain San Angelo Tx 76904	
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Wells Fargo
Date 05/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Martha Elder	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 5601 Woodbine San Angelo Tx 76904	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self
Date 05/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Caleb Vosburg	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1000 Montecito San Angelo Tx 76901	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) shannon
Date 05/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Dale Creecy	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2906 Palo Duro San Angelo Tx 76904	
Principal occupation / Job title (See Instructions) GM		Employer (See Instructions) Mayfield Paper

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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:
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 05/18/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Gary Johnson	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 1326 PASEO De Vaca San Angelo Tx 76901	
8 Principal occupation / Job title (See Instructions) rancher		9 Employer (See Instructions) self
Date 05/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Steve Eustis	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2046 Putter San Angelo Tx 76904	
Principal occupation / Job title (See Instructions) real estate broker		Employer (See Instructions) self
Date 05/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Ben Stribling	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 119 S. Irving San Angelo Tx 76903	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) self
Date 05/19/2022	Full name of contributor out-of-state PAC (ID#: _____) Amy Pfluger	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code PO Box 1991 San Angelo Tx 76902	
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self

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

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:
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 05/19/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Betty White 6 Contributor address; City; State; Zip Code PO Box 1991 San Angelo Tx 76902	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) rancher		9 Employer (See Instructions) self
Date 05/23/2022	Full name of contributor out-of-state PAC (ID#: _____) David Cummings Contributor address; City; State; Zip Code 1515 Paseo De Vaca San Angelo Tx 76903	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) shannon
Date 05/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Truman & Joanne Rice Contributor address; City; State; Zip Code 1613 Stomnetrail San Angelo Tx 76904	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self
Date 05/24/2022	Full name of contributor out-of-state PAC (ID#: _____) Luois Rork Contributor address; City; State; Zip Code 2503 W. Ave K San Angelo Tx 76901	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
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:		2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)	
4 Date 05/19/2022		5 Payee name PayPal			
6 Amount (\$) 54.02		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PayPal Fees		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 05/23/2022		Candidate / Officeholder name PayPal			
Amount (\$) 14.94		Office sought Office held			
Date 05/23/2022		Candidate / Officeholder name PayPal			
Amount (\$) 14.94		Office sought Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PayPal Fees		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 05/23/2022		Candidate / Officeholder name Mclaughlin Advertising			
Amount (\$) 7,477.99		Office sought Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Advertising expense		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

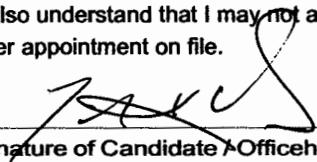
1 C/OH NAME

Todd Kolls

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

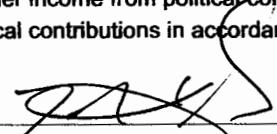
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder