

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 <u>JONATHAN</u>	MI <u>A.</u>	OFFICE USE ONLY		
	NICKNAME	LAST <u>SALTER</u>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE		PHONE NUMBER		EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Monica</u>	MI <u>L</u>	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME	LAST <u>SALTER</u>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION	
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)					
	☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year		Month Day Year			
	<u>7</u> / <u>24</u> / <u>2024</u>		THROUGH <u>10</u> / <u>5</u> / <u>2024</u>			
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year <u>11</u> / <u>3</u> / <u>2024</u>		☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special			
12 OFFICE	OFFICE HELD (if any)					
	<u>CITY COUNCIL WARD 2 Place 2</u>					
13 OFFICE SOUGHT (if known)						
	<u>CITY COUNCIL WARD 1 Place 2</u>					
14 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.					
	☐ Additional Pages ☐ GENERAL ☐ SPECIFIC	COMMITTEE TYPE				
		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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15 C/OH NAME <u>Jonathan Sauter</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jonathan A. Sauter, and my date of birth is [Redacted].

My address is [Redacted]

Executed in Coryell (street) County, State of TEXAS (city), on the 5th (state) day of Oct (zip code) (country), 2026 (month) (year).

[Signature]
Signature of Candidate/Officeholder (Declarant)