

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Adrienne R <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Sullivan	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 668 Bear Creek Drive Hurst, TX 76054	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 487-8119	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Katie A <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Partington	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12650 North Beach Street Ste 114-100 Keller, TX 76244		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 239-5030		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 05 / 24 THROUGH 03 / 25 / 24		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 24	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)	13 OFFICE SOUGHT (if known) KISD Board of Trustees - Place 6	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <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 Adrienne Sullivan		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1645
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 509.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1135.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

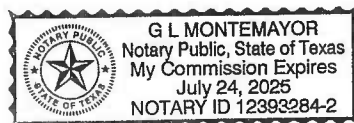
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Adrienne R. Sullivan

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Adrienne R. Sullivan this the 4 day of April, 2024, to certify which, witness my hand and seal of office.

G L Montemayor Signature of officer administering oath
Gaye Lynne Montemayor Printed name of officer administering oath
Notary 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

19 FILER NAME Adrienne Sullivan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1645.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 509.32
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 7
2 FILER NAME Adrienne Sullivan		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrienne Sullivan	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code 668 Bear Creek Drive Hurst, TX 76054		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tori Marshall	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 5205 Yampa Trail Fort Worth, TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Williams	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 7425 Lowline Drive Fort Worth, TX 76131		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Shavor	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 400 Monarch Hill Rd Keller, TX 76248		
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.

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Adrienne Sullivan		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Kendall 6 Contributor address; City; State; Zip Code Unknown	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Gottleber Contributor address; City; State; Zip Code 2205 Graystone Court Keller, TX 76248	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Hagan Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Wright Contributor address; City; State; Zip Code 2214 New Mill Lane Arlington, TX 76012	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Adrienne Sullivan		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carly Alacahan 6 Contributor address; City; State; Zip Code Unknown	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gennadiy Treyger Contributor address; City; State; Zip Code 5144 Amergris Trail Keller, TX 76244	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Alcott Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Cline Contributor address; City; State; Zip Code 836 Keller Smithfield Rd South Keller, TX 76248	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Adrienne Sullivan		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper Ogan 6 Contributor address; City; State; Zip Code 11407 Manitoba Drive NE Albuquerque, NM 87111	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Burton Contributor address; City; State; Zip Code 1390 Crimson Lane Keller, TX 76248	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Schleich Contributor address; City; State; Zip Code 12004 Shadybrook Drive Fort Worth, TX 76244	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jillian Boggs Contributor address; City; State; Zip Code 10320 Grayhawk Lane Fort Worth, TX 76244	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Adrienne Sullivan		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Dimmitt	7 Amount of contribution (\$) \$10
6 Contributor address; City; State; Zip Code Unknown		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Bodley	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 7904 Shady Oaks Drive North Richland Hills, TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcia Dyer	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 9321 Niles Court Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassie Janda	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code Unknown		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Adrienne Sullivan		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyssa Pry 6 Contributor address; City; State; Zip Code Unknown	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Hallford Contributor address; City; State; Zip Code 4209 Doe Creek Trail Fort Worth, TX 76244	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Long Contributor address; City; State; Zip Code 321 Calais Drive Keller, TX 76248	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Dyer Contributor address; City; State; Zip Code 9321 Niles Court Fort Worth, TX 76244	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Adrienne Sullivan		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Sherman 6 Contributor address; City; State; Zip Code 1034 Canterbury Lane Keller, TX 76248	7 Amount of contribution (\$) \$30
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Coleman Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Anne Weatherred Contributor address; City; State; Zip Code 12308 Water Oak Drive Fort Worth, TX 76244	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Remmenga Contributor address; City; State; Zip Code 1801 Mason Court Keller, TX 76248	Amount of contribution (\$) \$200
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.

1 Total pages Schedule F1: 1	2 FILER NAME Adrienne Sullivan	3 Filer ID (Ethics Commission Filers)
4 Date 3/18/24	5 Payee name Imprint.com	
6 Amount (\$) 424.32	7 Payee address; City; State; Zip Code 14550 Beechnut Street Houston, TX 77083	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Signs
	(c) <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 3/25/24	Payee name Donorbox	
Amount (\$) 28.79	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donation Platform Fees
	<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 3/25/24	Payee name Stripe Inc	
Amount (\$) 56.21	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donation Processing Fees
	<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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