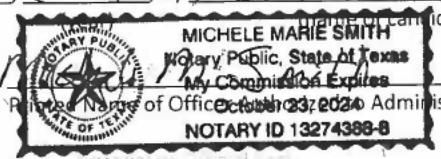


**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION  
 FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>KISD Board of Trustees</u> GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Place 6</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Adrienne Ruth Sullivan</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Adrienne Ruth Sullivan</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>668 Bear Creek Dr.</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY <u>Hurst</u>	STATE <u>TX</u>	ZIP <u>76054</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>adrienne.sullivan3797@gmail.com</u>		OCCUPATION (Do not leave blank) <u>Engineer</u>	DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional)	
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: <u>817 280 2796</u> Cell: <u>817 487 8119</u>					
FELONY CONVICTION STATUS (You MUST check one) <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS <u>18</u> year(s) <u>0</u> month(s)		
			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>9</u> year(s) <u>9</u> month(s)		
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Adrienne R Sullivan</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Adrienne R Sullivan</u> of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>KISD Board Place 6</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
<b>X</b> <u>Adrienne R Sullivan</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this <u>5</u> day of <u>February</u> , <u>2024</u> , by <u>Adrienne R Sullivan</u> . (day) (month) (date)					
Signature of Officer Authorized to Administer Oath <sup>4</sup> <u>Notary</u>			Signature of Candidate <u>Adrienne R Sullivan</u>		
Title of Officer Authorized to Administer Oath					
<b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b>					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>N/A</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>02, 05, 2024</u>		<u>02, 05, 2024</u>		(See Section 1.007) <u>Catherine Whited</u>	
Date Received		Date Accepted		Signature of Filing Officer or Designee	

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR			FIRST	MI	
	NICKNAME			LAST	SUFFIX	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;			APT / SUITE #;	CITY;	STATE; ZIP CODE
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER			EXTENSION	
5 OFFICE HELD (if any)	Date Received					
6 OFFICE SOUGHT (if known)	Date Hand-delivered or Postmarked					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME		LAST SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;			APT / SUITE #;	CITY;	STATE; ZIP CODE
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER			EXTENSION	
10 CANDIDATE SIGNATURE	Receipt # Amount \$					
Date Processed						
I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.						Date Imaged
I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.						
I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						
Signature of Candidate					Date Signed	

GO TO PAGE 2

# 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: <b>11</b>																				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Mrs</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:35%;">Adrienne</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;">R</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Sullivan</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mrs	FIRST	Adrienne	MI	R	NICKNAME		LAST	Sullivan	SUFFIX		<b>OFFICE USE ONLY</b>									
MS / MRS / MR	Mrs	FIRST	Adrienne	MI	R																		
NICKNAME		LAST	Sullivan	SUFFIX																			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX:</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">668 Bear Creek Drive Hurst, TX 76054</td> </tr> </table>			ADDRESS / PO BOX:	APT / SUITE #;	CITY;	STATE;	ZIP CODE	668 Bear Creek Drive Hurst, TX 76054					Date Received									
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668 Bear Creek Drive Hurst, TX 76054																							
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>( 817 )</td> <td>487-8119</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	( 817 )	487-8119		Date Hand-delivered or Date Postmarked													
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NICKNAME		LAST	Partington	SUFFIX																			
					Amount \$																		
					Date Processed																		
					Date Imaged																		
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<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<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)										
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02	05	24		03	25	24																	
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td>05</td> <td>04</td> <td>24</td> </tr> </table>		ELECTION DATE			Month	Day	Year	05	04	24	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> KISD Board of Trustees - Place 6																					
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	<p style="font-size: x-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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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<input type="checkbox"/> 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

<b>15 C/OH NAME</b> Adrienne Sullivan		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 509.32
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1135.68
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

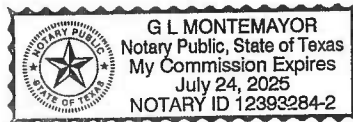
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 <b>Adrienne Sullivan</b>		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

# SCHEDULE A1

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<b>2</b> FILER NAME Adrienne Sullivan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/8/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Kendall <b>6</b> Contributor address; City; State; Zip Code Unknown	<b>7</b> Amount of contribution (\$) \$25
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> 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)

**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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Adrienne Sullivan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carly Alacahan</b> ..... 6 Contributor address; City; State; Zip Code <b>Unknown</b>	7 Amount of contribution (\$) <b>\$25</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/10/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gennadiy Treyger</b> ..... Contributor address; City; State; Zip Code <b>5144 Amergris Trail Keller, TX 76244</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/11/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allison Alcott</b> ..... Contributor address; City; State; Zip Code <b>Unknown</b>	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/13/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Cline</b> ..... Contributor address; City; State; Zip Code <b>836 Keller Smithfield Rd South Keller, TX 76248</b>	Amount of contribution (\$) <b>\$50</b>
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

# SCHEDULE A1

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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 3/13/24	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)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Adrienne Sullivan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/16/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alyssa Pry</b> ..... 6 Contributor address; City; State; Zip Code <b>Unknown</b>	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/16/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Hallford</b> ..... Contributor address; City; State; Zip Code <b>4209 Doe Creek Trail Fort Worth, TX 76244</b>	Amount of contribution (\$) <b>\$25</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/17/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Long</b> ..... Contributor address; City; State; Zip Code <b>321 Calais Drive Keller, TX 76248</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chad Dyer</b> ..... Contributor address; City; State; Zip Code <b>9321 Niles Court Fort Worth, TX 76244</b>	Amount of contribution (\$) <b>\$25</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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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 3/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Sherman	7 Amount of contribution (\$) \$30
6 Contributor address; City; State; Zip Code 1034 Canterbury Lane Keller, TX 76248		
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	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Unknown		
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	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 12308 Water Oak Drive Fort Worth, TX 76244		
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	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 1801 Mason Court Keller, TX 76248		
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: <b>1</b>	<b>2</b> FILER NAME <b>Adrienne Sullivan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/18/24</b>	<b>5</b> Payee name <b>Imprint.com</b>	
<b>6</b> Amount (\$) <b>424.32</b>	<b>7</b> Payee address; City; State; Zip Code <b>14550 Beechnut Street Houston, TX 77083</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Campaign Signs</b>
	<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 <b>3/25/24</b>	Payee name <b>Donorbox</b>	
Amount (\$) <b>28.79</b>	Payee address; City; State; Zip Code <b>1520 Belle View Blvd #4106 Alexandria, VA 22307</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Donation Platform Fees</b>
	<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 <b>3/25/24</b>	Payee name <b>Stripe Inc</b>	
Amount (\$) <b>56.21</b>	Payee address; City; State; Zip Code <b>354 Oyster Point Blvd South San Francisco, CA 94080</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Donation Processing Fees</b>
	<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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