

# 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>        |   | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed: |   |         |                   |      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                       | MS / MRS / MR   | FIRST  | MI                          | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>RECEIVED JAN 10 2024</b><br><br>Date Hand-delivered or Date Postmarked<br><u>01/10/2024</u><br>Receipt # _____ Amount \$ _____<br>Date Processed <u>01/10/2024</u><br>Date Imaged _____ |         |                   |      |
|  | Mr  | Richard                                      |                             |   |         |                   |      |
| NICKNAME   | LAST  | SUFFIX                                       |                             |   |         |                   |      |
| Rich   | Connelly  |  |                             |   |         |                   |      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>✓ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>372 Town Place, Fairview TX 75069   |  |                             |   |         |                   |      |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                      | AREA CODE   | PHONE NUMBER                                 | EXTENSION                   |   |         |                   |      |
|  | ( 469 )   | 951-9584                                     |                             |   |         |                   |      |
| <b>6</b> CAMPAIGN TREASURER NAME   | MS / MRS / MR   | FIRST  | MI                          |   |         |                   |      |
|  | Mr  | Sim  |                             |   |         |                   |      |
|  | NICKNAME  | LAST   | SUFFIX                      |   |         |                   |      |
|  |   | Israeloff                                    |                             |   |         |                   |      |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1000 Foxdale, Fairview TX 75069  |  |                             |   |         |                   |      |
| <b>8</b> CAMPAIGN TREASURER PHONE  | AREA CODE   | PHONE NUMBER                                 | EXTENSION                   |   |         |                   |      |
|  | ( )   |  |                             |   |         |                   |      |
| <b>9</b> REPORT TYPE   | <input checked="" 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)<br><input 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) |  |                             |   |         |                   |      |
| <b>10</b> PERIOD COVERED   | Month   | Day  | Year                        | THROUGH   | Month   | Day               | Year |
|  | 7   | 1  | 23                          |   | 12      | 31                | 23   |
| <b>11</b> ELECTION   | ELECTION DATE   |  |                             | ELECTION TYPE   |         |                   |      |
|  | Month   | Day  | Year                        | Primary   | Runoff  | Other Description |      |
|  | 5   | 6  | 23                          | <input checked="" type="checkbox"/> General   | Special | _____             |      |
| <b>12</b> OFFICE   | OFFICE HELD (if any)<br>Town Council Seat 1   |  |                             | <b>13</b> OFFICE SOUGHT (if known)  |         |                   |      |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br>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  | 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**

|   |   |   |      |
|---|---|---|------|
| <b>15 C/OH NAME</b><br>Richard Connelly |   | <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) | \$  | 0.00 |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  | 0.00 |
| <b>EXPENDITURE TOTALS</b>               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  | 0.00 |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$  | 0.00 |
| <b>CONTRIBUTION BALANCE</b>             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  | 0.00 |
| <b>OUTSTANDING LOAN TOTALS</b>          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  | 0.00 |

**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 \_\_\_\_\_ 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 Richard Connelly, and my date of birth is 09/30/1951.

My address is 372 Town Place, Fairview, Tx, 75069, USA.

Executed in Collin County, State of TX, on the 10th day of January, 2024.

  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# 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" --

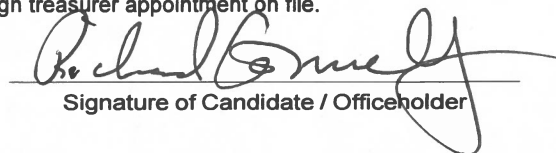
1 C/OH NAME

RICHARD CONNELLY

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

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

|   |   |   |
|---|---|---|
| The C/OH-UC Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)                           |
| 2 CANDIDATE / OFFICEHOLDER NAME   | MS/MRS/MR FIRST MI<br><u>Mr RICHARD</u>   | OFFICE USE ONLY<br>Date Received<br><b>RECEIVED JAN 10 2024</b> |
|   | NICKNAME LAST SUFFIX<br><u>RICH CONNELLY</u>  |   |
| 3 CANDIDATE / OFFICEHOLDER ADDRESS<br><input checked="" type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>372 TOWN PLACE<br/>FAIRVIEW TX 75069</u>               | Date Hand-delivered or Date Postmarked<br><u>01/10/2024</u>     |
|   | 4 REPORT TYPE<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition              | Receipt #   |
| 5 PERIOD COVERED  | Month Day Year Month Day Year<br><u>01 / 01 / 23 THROUGH 12 / 31 / 23</u>   | Date Processed<br><u>01/10/2024</u>                             |
| 6 TOTALS  | 1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.                       | \$ <u>0</u>   |
|   | 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR. | \$ <u>0</u>   |

7 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.

Richard Connelly  
Signature of Candidate/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 RICHARD CONNELLY, and my date of birth is 9/30/51.

My address is 372 TOWN PLACE, FAIRVIEW, TX, 75069 USA.  
(street) (city) (state) (zip code) (country)

Executed in COLLIN County, State of TEXAS, on the 10<sup>th</sup> day of JANUARY, 2024.  
(month) (year)

Richard Connelly  
Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

|  |   |  |
|--|---|--|
| <b>8</b> C/OH NAME   |   | <b>9</b> Filer ID (Ethics Commission Filers)   |
| <b>10</b> Date   | <b>11</b> Payee name                                    | <b>13</b> Amount (\$)  |
|  | -----<br><b>12</b> Payee address; City; State; Zip Code |  |
| <b>14</b> Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   | <b>15</b> Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date   | Payee name  | Amount (\$)  |
|  | -----<br>Payee address; City; State; Zip Code           |  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |   | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Date   | Payee name  | Amount (\$)  |
|  | -----<br>Payee address; City; State; Zip Code           |  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |   | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Date   | Payee name  | Amount (\$)  |
|  | -----<br>Payee address; City; State; Zip Code           |  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |   | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Date   | Payee name  | Amount (\$)  |
|  | -----<br>Payee address; City; State; Zip Code           |  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |   | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No           |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**