

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: 2												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Kyle R NICKNAME LAST SUFFIX Schmalzried		OFFICE USE ONLY Date Received 10/03/2024 Maridel Montgomery Elections Administrator Swisher County, Texas Date Hand-delivered or Date Postmarked 10/03/2024 Receipt # Amount \$ Date Processed 10/03/2024 Date Imaged 10/03/2024												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; width: 100%; height: 40px;"></div>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 470-8952														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Nichole D NICKNAME LAST SUFFIX Schmalzried														
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE ZIP CODE <div style="background-color: black; width: 100%; height: 40px;"></div>														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 470-8953														
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>														
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 24 THROUGH 6 / 30 / 24														
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 11 / 5 / 24 <input checked="" type="checkbox"/> General Special														
12 OFFICE	OFFICE HELD (if any) Sheriff		13 OFFICE SOUGHT (if known) Sheriff												
14 NOTICE FROM POLITICAL COMMITTEE(S) 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="4" style="text-align: center;">GENERAL</td> <td>N/A</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>N/A</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td rowspan="2" style="text-align: center;">SPECIFIC</td> <td>N/A</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td>N/A</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	N/A	COMMITTEE ADDRESS	N/A	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	N/A	COMMITTEE CAMPAIGN TREASURER ADDRESS		N/A
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	N/A														

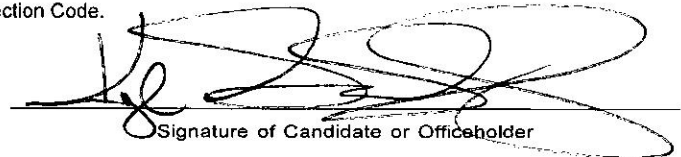
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kyle Schmalzried		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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
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	\$	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 Kyle Schmalzried this the 3rd day of October, 2024, to certify which, with my hand and seal of office.
Alicia Del Toro Alicia Del Toro Admin Assistant
Signature of officer administering oath Printed name of officer administering oath 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)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 (front/back)

OFFICE USE ONLY

Filer ID #

Date Received

FILED 08-22-2023

Richelle Culifer
Elections Administrator
Swisher County, Texas

Date Hand-delivered or Postmarked

08-22-2023

Receipt #

Amount \$

Date Processed

08-22-2023

Date Imaged

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

Mr

Kyle

R

NICKNAME

LAST

SUFFIX

Schmalzried

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

Tulia TX

79088

[REDACTED]

Tulia TX

79088

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

995-3326

470-8952

5 OFFICE
HELD
(if any)

Sheriff

6 OFFICE
SOUGHT
(if known)

Sheriff

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs.

Nichole

D.

Schmalzried

8 CAMPAIGN
TREASURER
STREET
ADDRESS

(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

Tulia

TX

79088

[REDACTED]

Tulia

TX

79088

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

470-8953

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

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

8/22/23

Date Signed

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

12 MODIFIED
REPORTING
DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

**•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••**

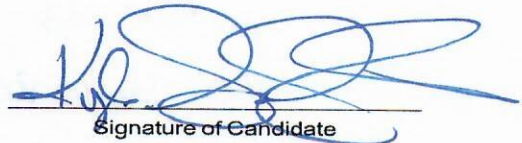
•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,010 in political contributions or
make more than \$1,010 in political expenditures (excluding filing fees)
in connection with any future election within the election cycle. I
understand that if either one of those limits is exceeded, I will be
required to file pre-election reports and, if necessary, a runoff
report.

2024

Year of election(s) or election cycle to
which declaration applies


Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

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:

2

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Kyle

R

NICKNAME

LAST

SUFFIX

Schmalzried

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

470-8952

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Nichole

D

NICKNAME

LAST

SUFFIX

Schmalzried

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

470-8953

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

8

/

22

/

23

THROUGH

Month

Day

Year

12

/

31

/

23

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

5

/

24

ELECTION TYPE



Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

N/A

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

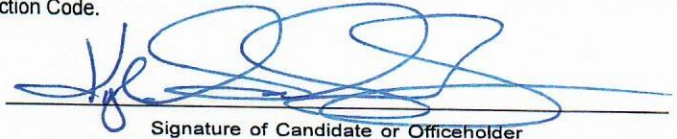
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COVER SHEET PG 2

15 C/OH NAME
Kyle Schmalzried

16 Filer ID (Ethics Commission Filers)

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Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Kyle Schmalzried this the 18th day of January

2024 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 _____, 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)