

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 MI
MRS Karissa A
NICKNAME LAST SUFFIX
Winters

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6001A Country Club Dr, Victoria, TX 77904

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(303) 5472831

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR Bryce R
NICKNAME LAST SUFFIX
Winters

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6001A Country Club Dr, Victoria, TX 77904

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(303) 5477841

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
11 / 29 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
2 / 3 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Victoria Mayor

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.

COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
GENERAL	
SPECIFIC	

Additional Pages

OFFICE USE ONLY

Date Received

RECEIVED JAN 16 2024 1:35pm
City Secretary

1:35pm P02

Date Hand-delivered or Date Postmarked
JAN 16 2024 1:35pm B02

Receipt # Amount \$

Date Processed

Date Imaged

2024

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

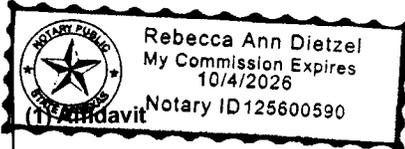
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,657.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,352.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Karissa Winters

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Karissa Winters this the 16 day of January

2024 to certify which, witness my hand and seal of office.

Rebecca A. Dietzel

Rebecca A. Dietzel Notary

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)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,010.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,657.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: **5**

2 FILER NAME

Karissa Winters

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/2023

5 Full name of contributor

Karissa Winters

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

6001A Country Club Dr, Victoria, TX 77904

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Community Lead

9 Employer (See Instructions)

Date

12/01/2023

Full name of contributor

Greg Spears

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

507 Charleston Dr, Victoria, TX 77904

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

12/04/2023

Full name of contributor

Bryce Winters

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

6001A Country Club Dr., Victoria, TX 77904

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Petroleum Landman

Employer (See Instructions)

Date

12/13/2002

Full name of contributor

Black Knight Operating

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

110 S. Main St, Victoria, TX 77901

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Business Owner

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: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kathryn & Kenny Huff 6 Contributor address; City; State; Zip Code 2707 Orion St, League City, TX 77573	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Jason Pruitt Contributor address; City; State; Zip Code 104 Rhodes Rd, Victoria, TX 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Kimberly Hashke Contributor address; City; State; Zip Code 29 Brook View, Victoria, TX 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/17/2023	Full name of contributor out-of-state PAC (ID#: _____) JE Struthers Contributor address; City; State; Zip Code 200 Hudson St., Denver, CO 80220	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		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: **5**

2 FILER NAME

Karissa Winters

3 Filer ID (Ethics Commission Filers)

4 Date

12/18/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Donovan Huff

6 Contributor address;

City;

State;

Zip Code

32 Cotswald, Victoria, TX 77904

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

12/18/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Marsha Williams & Hunter Behnke

Contributor address;

City;

State;

Zip Code

6006 Strasbourg, Corpus Christi, TX 78414

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

12/18/2023

Full name of contributor

out-of-state PAC (ID#: _____)

June Grigg

Contributor address;

City;

State;

Zip Code

RR2, Box 861, Ava MO, 68608

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12/18/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Walter R. & Barbara Winters

Contributor address;

City;

State;

Zip Code

PO Box 3361, Alice, TX 78333

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Retired

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: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Russell Ybarra 6 Contributor address; City; State; Zip Code 3006 Sunset Blvd, Houston, TX 77005	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 12/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Jimmy Lee Huff Contributor address; City; State; Zip Code 1401 E. Park Ave, Victoria, TX 77901	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions)
Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Heather Montgomery Contributor address; City; State; Zip Code 3405 Redwood, Victoria, TX 77901	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Heather McQuiddy Contributor address; City; State; Zip Code 1202 Arizona Ash St, San Antonio, TX 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		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: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jill Blucher 6 Contributor address; City; State; Zip Code 801 E. Park Ave, Victoria, TX 77901	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Victim Advocate		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Donald Jirkovski Contributor address; City; State; Zip Code 118 Mandarin Dr, Victoria, TX 77901	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Regional Advisor		Employer (See Instructions)
Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: _____) R. Bryan Gulley, DDS PLLC Contributor address; City; State; Zip Code 6421 Saratoga Blvd, Bldg 101, Corpus Christi, TX 78414	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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: 2	2 FILER NAME Karissa Winters	3 Filer ID (Ethics Commission Filers)
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4 Date 12/05/2023	5 Payee name Guerilla Consulting
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6 Amount (\$) 2,000.00	7 Payee address; 110 Pin Oak Ct, Victoria, TX 77901	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Advisor
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/2023	Payee name Venmo
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Amount (\$) 19.20	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Money Transfer Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/2023	Payee name Kurtz Printing
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Amount (\$) 2,500.00	Payee address; 110 Pin Oak Ct., Victoria, TX 77901	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2	2 FILER NAME Karissa Winters	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/2023	5 Payee name Tractor Supply	
6 Amount (\$) 138.69	7 Payee address; City; State; Zip Code 9304 N. Navarro St, Victoria, TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Posting Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED