

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 Mr. Todd R		OFFICE USE ONLY Date Received JAN 18 2022 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME LAST SUFFIX Kolls				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3521 Silver Spur San Angelo, Tx 76904				
	AREA CODE PHONE NUMBER EXTENSION (325) 2122894				
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr. Ryan				
	NICKNAME LAST SUFFIX Newlin				
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				
8 CAMPAIGN TREASURER PHONE	MS / MRS / MR FIRST MI Mr. Ryan				
	NICKNAME LAST SUFFIX Newlin				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				
10 PERIOD COVERED	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				
11 ELECTION	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				
12 OFFICE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				
13 OFFICE SOUGHT (if known)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				
14 NOTICE FROM POLITICAL COMMITTEE(S)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 W. Ave. J San Angelo, Tx 76901				
	AREA CODE PHONE NUMBER EXTENSION (325) 2772828				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

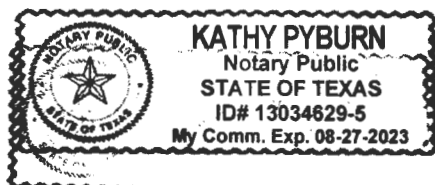
15 C/OH NAME Todd R. Kolls		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,075.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,816.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,376.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00

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 Todd Kolls this the 18 day of January.

20 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 _____, 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	\$ 27,075.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 105.05
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 3,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,816.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 15
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Lourell Stutliff 6 Contributor address; City; State; Zip Code 7151 Holly Square Ct., Tyler, TX 75703	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 08/31/2021	Full name of contributor out-of-state PAC (ID#: _____) Alicia Cole Contributor address; City; State; Zip Code 1502 Ray St, San Angelo, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) n/a
Date 09/03/2021	Full name of contributor out-of-state PAC (ID#: _____) Michael D. Brown Contributor address; City; State; Zip Code 1122 W Twohig Ave, San Angelo, TX 76901	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 09/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Michael & Emilee Brinlee Contributor address; City; State; Zip Code 5517 Bentwood Dr., San Angelo, TX 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) medical supplies		Employer (See Instructions) MedWay
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: **15****2** FILER NAME**Todd Kolls****3** Filer ID (Ethics Commission Filers)**4** Date**09/15/2021****5** Full name of contributor

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

Brian Raymond Law**6** Contributor address;

City;

State;

Zip Code

202 W Beauregard Ave, Ste A, San Angelo, TX 76903**7** Amount of contribution (\$)**300.00****8** Principal occupation / Job title (See Instructions)**lawyer****9** Employer (See Instructions)**self**

Date

09/20/2021

Full name of contributor

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

Micah Harrison

Contributor address;

City;

State;

Zip Code

5224 Sterling Place, El Paso, TX 79932

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Harrison Ventures

Employer (See Instructions)

Wells Fargo

Date

09/28/2021

Full name of contributor

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

John & Debbie Conn

Contributor address;

City;

State;

Zip Code

PO Box 62266, San Angelo, TX 76906

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

self

Date

10/04/2021

Full name of contributor

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

John Duke Hudson

Contributor address;

City;

State;

Zip Code

PO Box 337, Wall, TX 76957

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

real estate

Employer (See Instructions)

self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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: 15
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Dale & Shelly Weise 6 Contributor address; City; State; Zip Code 2172 Road 3, San Angelo, TX 76905	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Science research		9 Employer (See Instructions) self
Date 10/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Steve Eustis Contributor address; City; State; Zip Code PO Box 3253, San Angelo, TX 76902	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) self
Date 10/11/2021	Full name of contributor out-of-state PAC (ID#: _____) Sam & Julie Harrison Contributor address; City; State; Zip Code 409 E 26th Street, Bryan, TX 77803	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Investment Services		Employer (See Instructions) self
Date 10/14/2021	Full name of contributor out-of-state PAC (ID#: _____) Marvin Hall Contributor address; City; State; Zip Code 3061 Champions Circle, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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: 17
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2021	5 Full name of contributor out-of-state PAC (ID#: _____) James Maedgen 6 Contributor address; City; State; Zip Code 23 Southridge, San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 10/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Karl & Jackie Herkert Contributor address; City; State; Zip Code 495 Ranch Rd, Abilene, TX 79508	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 11/05/2021	Full name of contributor out-of-state PAC (ID#: _____) Regon & Dree Noble Contributor address; City; State; Zip Code 920 Alta Loma Circle, San Angelo, TX 76901	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Orthodontist		Employer (See Instructions) self
Date 11/09/2021	Full name of contributor out-of-state PAC (ID#: _____) Brian & Suzan Gargan Contributor address; City; State; Zip Code 5513 Wood Circle, San Angelo, TX 76904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Budget Blinds		Employer (See Instructions) self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Randall & Georgene Saverance 6 Contributor address; City; State; Zip Code 1527 Ray St, San Angelo, TX 76904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 11/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Wade & Wendy Honaker Contributor address; City; State; Zip Code 1527 Floyd Dr, San Angelo, TX 76904	Amount of contribution (\$) 320.00
Principal occupation / Job title (See Instructions) landscape		Employer (See Instructions) Farmer's Daughter
Date 11/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Mason & Dee Vaughn Contributor address; City; State; Zip Code 6192 Ranch Lane, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) Eldorado National Bank
Date 11/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Randy & Patricia Gardner Contributor address; City; State; Zip Code PO Box 3844, San Angelo, TX 76902	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Winn Palmer 6 Contributor address; City; State; Zip Code 5803 Pecan Valley, San Angelo, TX 76904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Palmer Feed		9 Employer (See Instructions) self
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) Peter Batjer Contributor address; City; State; Zip Code PO Box 2480, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Trimble Batjer
Date 12/04/2021	Full name of contributor out-of-state PAC (ID#: _____) Eric Wilson Contributor address; City; State; Zip Code 30 W Beauregard, San Angelo, TX 76903	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) McDonalds		Employer (See Instructions) self
Date 12/04/2021	Full name of contributor out-of-state PAC (ID#: _____) Joe & Charla Wren Contributor address; City; State; Zip Code 3639 Gemini, San Angelo, TX 76903	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Bill & Linda Noelke <hr/> 6 Contributor address; City; State; Zip Code 3406 Silver Spur Dr, San Angelo, TX 76904	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 12/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Matt Mathews <hr/> Contributor address; City; State; Zip Code PO Box 61850, San Angelo, TX 76906	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self
Date 12/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Mike & Treva Boyd <hr/> Contributor address; City; State; Zip Code 6517 Green Oaks Drive, Christoval, TX 76935	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 12/09/2021	Full name of contributor out-of-state PAC (ID#: _____) Keeseey & Richele Boyd <hr/> Contributor address; City; State; Zip Code 3157 Red Bluff Rd, San Angelo, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) Shannon
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Blake & Tammi Vincent 6 Contributor address; City; State; Zip Code 1905 Colonial, San Angelo, TX 76904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Principle LED		9 Employer (See Instructions) self
Date 12/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Wes & Julie Evans Contributor address; City; State; Zip Code PO Box 735, Eldorado, TX 76936	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self
Date 12/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Ron & Mary Kay Hohertz Contributor address; City; State; Zip Code 3102 Rockbrook, San Angelo, TX 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Diamond H Plumbing		Employer (See Instructions) self
Date 12/11/2021	Full name of contributor out-of-state PAC (ID#: _____) Monti & Lisa Eady Contributor address; City; State; Zip Code 3210 Briargrove, San Angelo, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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.

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2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jan Watkins 6 Contributor address; City; State; Zip Code 6360 Pueblo Pass, San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Terry Favor Contributor address; City; State; Zip Code 2737 Briargrove, San Angelo, TX 76904	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) counselor		Employer (See Instructions) West Texas Guidance & Counseling
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Joe Favor Contributor address; City; State; Zip Code 2737 Briargrove, San Angelo, TX 76904	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) insurance		Employer (See Instructions) Trimble Batjer
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Joe Lee & Inger McManus Contributor address; City; State; Zip Code 3714 Vista Del Arroyo, San Angelo, TX 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Doran & Suzi Reynolds 6 Contributor address; City; State; Zip Code 5209 Oak Grove, San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) George McCrea Contributor address; City; State; Zip Code 2639 Vista Del Arroyo, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Walter & Helen Hewell Contributor address; City; State; Zip Code 265 Edinburgh, San Angelo, TX 76904	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Charlotte Kolls Contributor address; City; State; Zip Code 5113 Fairway, San Angelo, TX 76904	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jack & Ginger Lewright 6 Contributor address; City; State; Zip Code 5605 Imperial Ct, San Angelo, TX 76904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) dentist		9 Employer (See Instructions) Lewright Family Dentistry
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Larry & Mary Garvin Contributor address; City; State; Zip Code 3114 Grandview, San Angelo, TX 76904	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Dale & Ellen McDonald Contributor address; City; State; Zip Code 2030 Putter, San Angelo, TX 76904	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self
Date 12/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Jenny Cates Contributor address; City; State; Zip Code 26 Southridge, San Angelo, TX 76904	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Ernie & Annette Mayer 6 Contributor address; City; State; Zip Code PO Box 1741, San Angelo, TX 76904	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) ranching		9 Employer (See Instructions) self
Date 12/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Ritchie & Martha Sue Oliver Contributor address; City; State; Zip Code 3121 Oak Mountain, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 12/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Galen & Tony Akin Contributor address; City; State; Zip Code PO Box 529, Christoval, TX 76935	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) ranching		Employer (See Instructions) self
Date 12/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Trey Dendy Contributor address; City; State; Zip Code 2669 A&M Ave, San Angelo, TX 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Pam Jones 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 12/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Ramsey Koschak Contributor address; City; State; Zip Code 3215 Green Ridge, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) dentist		Employer (See Instructions) self
Date 12/20/2021	Full name of contributor out-of-state PAC (ID#: _____) Bubba & Lois Harrison Contributor address; City; State; Zip Code 2200 Douglas, San Angelo, TX 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 12/23/2021	Full name of contributor out-of-state PAC (ID#: _____) Tom Houston Contributor address; City; State; Zip Code 2921 Bluebonnet, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) surveyor		Employer (See Instructions) self
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: 17
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 Date 12/24/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Roger & Shirley Albert 6 Contributor address; City; State; Zip Code 17409 March Rd, San Angelo, TX 76901	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Reece Albert		9 Employer (See Instructions) self
Date 12/24/2021	Full name of contributor out-of-state PAC (ID#: _____) Kent & Debbie Gideon Contributor address; City; State; Zip Code 5413 Lake Trail Ct, San Angelo, TX 76904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) pathologist		Employer (See Instructions) Shannon
Date 12/31/2021	Full name of contributor out-of-state PAC (ID#: _____) George & Sande Harrison Contributor address; City; State; Zip Code 2033 Beaty Rd, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 12/31/2021	Full name of contributor out-of-state PAC (ID#: _____) Phil Gandy Contributor address; City; State; Zip Code 3371 Knickerbocker Rd, San Angelo, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Gandy Ink		Employer (See Instructions) self
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: **17****2** FILER NAME**Todd Kolls****3** Filer ID (Ethics Commission Filers)**4** Date**12/31/2021****5** Full name of contributor

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

Chip Cole**6** Contributor address;

City;

State;

Zip Code

14 E Beauregard, San Angelo, TX 76903**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**real estate****9** Employer (See Instructions)**self**

Date

12/31/2021

Full name of contributor

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

Russell Brown

Contributor address;

City;

State;

Zip Code

5613 Woodbine, San Angelo, TX 76904

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Talk o Texas

Employer (See Instructions)

self

Date

12/31/2021

Full name of contributor

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

Chuck & Dianna Kirking

Contributor address;

City;

State;

Zip Code

3213 Shadyhill, San Angelo, TX 76904

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

n/a

Date

12/31/2021

Full name of contributor

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

Mike & Ruth Wheeler

Contributor address;

City;

State;

Zip Code

5114 Beverly, San Angelo, TX 76904

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

n/a**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

Check if travel outside of Texas. Complete Schedule T.

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

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 A2:		2	
2 FILER NAME Todd Kolls						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 105.05			
5 Date 12/12/2021		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen McDonald				8 Amount of Contribution \$ 32.46		9 In-kind contribution description food for fundraiser	
		7 Contributor address; City; State; Zip Code				Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) retired						11 Employer (FOR NON-JUDICIAL)(See Instructions) n/a			
12 Contributor's principal occupation (FOR JUDICIAL)						13 Contributor's job title (FOR JUDICIAL)(See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)						15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 12/12/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Garvin				Amount of Contribution \$ 54.11		In-kind contribution description food for fundraiser	
		Contributor address; City; State; Zip Code				Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) retired						Employer (FOR NON-JUDICIAL)(See Instructions) n/a			
Contributor's principal occupation (FOR JUDICIAL)						Contributor's job title (FOR JUDICIAL)(See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)						Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.									

LOANS**SCHEDULE E**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 E:
2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/11/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Kolls	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3521 Silver Spur San Angelo, Tx 76904	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Jeweler		13 Employer (See Instructions) Self
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: 3		2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)	
4 Date 06/30/2021		5 Payee name Harland Clarke			
6 Amount (\$) 26.50		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description checks		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 08/04/2021		Payee name McLaughlin Advertising			
Amount (\$) 2,500.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Management		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 09/01/2021		Payee name Harland Clarke			
Amount (\$) 26.50		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description checks		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Todd Kolls		3 Filer ID (Ethics Commission Filers)	
4 Date 10/20/2021		5 Payee name Facebook			
6 Amount (\$) 35.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Advertising		
	(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					
Date 11/01/2021		Payee name Facebook			
Amount (\$) 25.10		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Advertising		
	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					
Date 11/02/2021		Payee name RNHA			
Amount (\$) 500.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Booth		
	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					
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Todd Kolls	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2021	5 Payee name Tom Green County Republican Party	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee
	(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 12/07/2021	Payee name Brian Chilton Design	
Amount (\$) 1,190.75	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising frames
	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 12/16/2021	Payee name McLaughlin Advertising	
Amount (\$) 6,139.15	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signs, print materials, etc.
	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

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