

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR <i>Mr</i></td> <td style="width:40%; border-bottom: 1px solid black;">FIRST <i>Timothy</i></td> <td style="width:20%; border-bottom: 1px solid black;">MI <i>R</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME <i>Tim</i></td> <td style="border-bottom: 1px solid black;">LAST <i>VanZant</i></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>				MS / MRS / MR <i>Mr</i>	FIRST <i>Timothy</i>	MI <i>R</i>	NICKNAME <i>Tim</i>	LAST <i>VanZant</i>	SUFFIX	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px;"> Date Received <div style="text-align: center; font-size: 2em; color: red; border: 2px solid red; padding: 5px;"> RECEIVED 4-3-2025 </div> </div>			
	MS / MRS / MR <i>Mr</i>	FIRST <i>Timothy</i>	MI <i>R</i>											
NICKNAME <i>Tim</i>	LAST <i>VanZant</i>	SUFFIX												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address														
5 CANDIDATE / OFFICEHOLDER PHONE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE <i>(817)</i></td> <td style="width:40%;">PHONE NUMBER <i>714-0275</i></td> <td style="width:40%;">EXTENSION</td> </tr> </table>				AREA CODE <i>(817)</i>	PHONE NUMBER <i>714-0275</i>	EXTENSION						
AREA CODE <i>(817)</i>	PHONE NUMBER <i>714-0275</i>	EXTENSION												
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR <i>Ms</i></td> <td style="width:40%; border-bottom: 1px solid black;">FIRST <i>Katherine</i></td> <td style="width:20%; border-bottom: 1px solid black;">MI <i>L</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME <i>Kate</i></td> <td style="border-bottom: 1px solid black;">LAST <i>VanZant</i></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>				MS / MRS / MR <i>Ms</i>	FIRST <i>Katherine</i>	MI <i>L</i>	NICKNAME <i>Kate</i>	LAST <i>VanZant</i>	SUFFIX	<div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px;"> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px;"> Date Imaged </div>		Receipt #	Amount \$
	MS / MRS / MR <i>Ms</i>	FIRST <i>Katherine</i>	MI <i>L</i>											
NICKNAME <i>Kate</i>	LAST <i>VanZant</i>	SUFFIX												
Receipt #	Amount \$													
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)														
8 CAMPAIGN TREASURER PHONE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE <i>(817)</i></td> <td style="width:40%;">PHONE NUMBER <i>437-6299</i></td> <td style="width:40%;">EXTENSION</td> </tr> </table>				AREA CODE <i>(817)</i>	PHONE NUMBER <i>437-6299</i>	EXTENSION						
AREA CODE <i>(817)</i>	PHONE NUMBER <i>437-6299</i>	EXTENSION												
9 REPORT TYPE		<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)	
<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)											
10 PERIOD COVERED		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> Month Day Year <i> / / </i> </td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:30%;"> Month Day Year <i>04 / 03 / 2025</i> </td> </tr> </table>				Month Day Year <i> / / </i>	THROUGH	Month Day Year <i>04 / 03 / 2025</i>						
Month Day Year <i> / / </i>	THROUGH	Month Day Year <i>04 / 03 / 2025</i>												
11 ELECTION		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year <i> / / </i> </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>				ELECTION DATE Month Day Year <i> / / </i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
ELECTION DATE Month Day Year <i> / / </i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE		13 OFFICE SOUGHT (if known) <i>Alderman, Seat 2</i>												
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages		<p style="font-size: 0.8em;">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%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">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	
COMMITTEE TYPE	COMMITTEE NAME													
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
	COMMITTEE CAMPAIGN TREASURER ADDRESS													

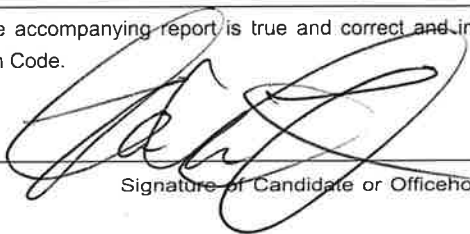
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

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)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>Ø</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 Timothy B. Van Zant this the 3rd day of April, 20 25, to certify which, witness my hand and seal of office.

Shalyn L. Burritt Shalyn L. Burritt City Secretary
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)