

**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>		1 Filer ID	2 Total pages filed: 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / (MRS) / MR	FIRST	MI	
	NICKNAME		SUFFIX	
MRS Kathryn A Pentelion-Parker		<b>OFFICE USE ONLY</b> Date Received 4/3/19 Scrabtree		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
	3600 Posse Trail Leander, TX		78641	
	Date Hand-delivered or Date Postmarked		Receipt #	
	Date Processed		Amount	
Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME		SUFFIX	
Jose Urra		J. S.		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE	
	1720 Mira Vista Leander TX		78641	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	512	567	4647	
8 REPORT TYPE	<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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	
	01/11/2019		THROUGH	
		Month	Day	
			Year	
			03/25/2019	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
05/04/2019				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			Leander City Council Place 1	

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