

# 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 Filer)

N/A

2 Total pages filed

2

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS MRS MR  
MR

FIRST  
JUAN

MI

NICKNAME

LAST  
RIVERA

SUFFIX

OFFICE USE ONLY

RECEIVED

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS (NO PO BOX)  
[REDACTED]

Change of Address

APR 01 2024

@ 12:25 p.m.  
City of Killeen

By: Laura J. Calcote  
City Secretary

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

[REDACTED]

Date Mailed (Required) or Date Postmarked

emailed

6 CAMPAIGN  
TREASURER  
NAME

MS MRS MS  
MRS

FIRST  
YESENIA VIOLETA

MI

NICKNAME

LAST  
MERCADO

SUFFIX

Report #

Amount \$

Date Processed

04/01/2024

Date Imaged

04/01/2024

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #  
[REDACTED]

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 254 ) 251-6832

9 REPORT TYPE

January 15  
 30th day before election  
 Runoff  
 15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  
 8th day before election  
 Expedited Method Reporting Limit  
 Final Report (after C/OH-FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
2 15 24 THROUGH 4 1 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  
 5 4 24  
 Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

KILLEEN CITY COUNCIL

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

GENERAL

COMMITTEE ADDRESS

Additional Pages

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

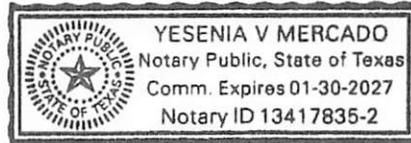
15 C/OH NAME JUAN RIVERA		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 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.

*Juan Rivera*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Juan Rivera this the 1st day of April 2024

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

Yesenia V Mercado Signature of officer administering oath  
Yesenia V Mercado 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)