

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) <div style="text-align: center; font-size: 1.5em; color: blue;">N/A</div>	2 Total pages filed: 3												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr</td> <td>Riakos</td> <td>L</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td>Rock</td> <td>Adams</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Riakos	L	NICKNAME	LAST	SUFFIX	Rock	Adams		<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">JUL 16 2024</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">@ 12:58 p.m.</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">City of Killeen</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">By: Laura J. Calcote</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">City Secretary</div>	
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NICKNAME	LAST	SUFFIX													
Rock	Adams														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 40px; width: 100%;"></div>														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr</td> <td>Riakos</td> <td>L</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td>Rock</td> <td>Adams</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Riakos	L	NICKNAME	LAST	SUFFIX	Rock	Adams			
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY: STATE: ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 6300495														
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">January 15</td> <td style="width:25%; text-align: center;">30th day before election</td> <td style="width:25%; text-align: center;">Runoff</td> <td style="width:25%; text-align: center;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> July 15</td> <td style="text-align: center;">8th day before election</td> <td style="text-align: center;">Exceeded Modified Reporting Limit</td> <td style="text-align: center;">Final Report (Attach C/OH - FR)</td> </tr> </table>	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">Month</td> <td style="width:15%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:15%;"></td> <td style="width:15%; font-size: 0.8em;">Month</td> <td style="width:15%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">/ 27</td> <td style="text-align: center;">/ 24</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">06</td> <td style="text-align: center;">/ 10</td> <td style="text-align: center;">/ 24</td> </tr> </table>	Month	Day	Year		Month	Day	Year	04	/ 27	/ 24	THROUGH	06	/ 10	/ 24
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">ELECTION DATE</td> <td style="width:60%; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td style="font-size: 0.8em;">Primary Runoff Other Description</td> </tr> <tr> <td style="text-align: center;">05 / 04 / 24</td> <td style="text-align: center;"><input checked="" type="checkbox"/> General Special</td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	Primary Runoff Other Description	05 / 04 / 24	<input checked="" type="checkbox"/> General Special								
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12 OFFICE	OFFICE HELD (if any) Councilmember At Large	13 OFFICE SOUGHT (if known)													
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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.														
Additional Pages	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: 0.8em;">GENERAL</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: 0.8em;">SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS					
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Riakos L. Adams		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)	\$	100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	290.10
	4. TOTAL POLITICAL EXPENDITURES	\$	290.10
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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 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 Riakos L. Adams, and my date of birth is 06/17/1973

My address is _____ Killeen _____, TX _____, 76547 _____, USA _____.

(street) (city) (state) (zip code) (country)

Executed in Bell County, State of County, on the 15 day of July, 2024

(month) (year)

Signature of Candidate/Officeholder (Declarant)



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name Riakos L. Adams	Filer ID #
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- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Semi-Annual report due on 15 July 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of Filer

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Riakos L. Adams, and my date of birth is 06/17/1973.

My address is _____ Killeen TX 76547 USA (street) (city) (state) (zip code) (country)

Executed in Bell County, State of Texas, on the 15th day of July, 2024. (month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER