CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Ms Emily G NAME Date Received NICKNAME SUFFIX Stroup ADDRESS / PO BOX: RECEIVED JUL 0 7 2025 APT / SUITE #; 4 CANDIDATE/ CITY; STATE: ZIP CODE OFFICEHOLDER MAILING Fair Oaks Ranch, TX 78015 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512)785-8810 PHONE Receipt # Amount S MS / MRS / MR FIRST CAMPAIGN **TREASURER** Ms April Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Ancira STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; ZIP CODE CAMPAIGN **TREASURER ADDRESS** San Antonio, TX 78230 (Residence or Business) EXTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE 558-2618 210 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED / 25 30 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Other Month Day Year Description General 11 / 25 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Fair Oaks Ranch City Council, Place 1 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME Emily G. Stroup TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION 1. \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 0.00 2. \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$ **TOTALS** 0.00 \$ 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION 879.44 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 260.00 OUTSTANDING 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: ALMA ALVARADO My Notary ID # 4855071 (1) Affidavlt Expires June 25, 2029

NOTARY STAMP/SEAL						
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Executed in	_ County, State of	, on the	day of _	(month)	, 20 (year)	2
		Signature of Candidate/Officeholder (Declarant)				