CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed: 11	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
MR	Kyle	J
NICKNAME	LAST	SUFFIX
	LeVell	

4 ORIGINAL REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after treasurer appointment (officeholder only)
- ☒ Final report
- Other (specify): _____

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
10	28	2025	THROUGH	11	04	2025

OFFICE USE ONLY

Date Received: 10/30/24 - gk 4:43pm

Date Hand-delivered or Date Postmarked:

Receipt # | Amount $

Date Processed:

Date Imaged:

6 EXPLANATION OF CORRECTION

See attached page: Explanation of Correction.
Corrects the period covered, omitted contributions and expenditures, the balance, Form C/OH-FR section 4A, and a subtotal typo. The corrected report replaces the original final report in full.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this c[redacted] date I learned that the report as originally filed is inacc[redacted] omission in the report as originally filed was made in g[redacted]

JENNIFER KIRKLAND
Notary Public, State of Texas
Comm. Expires 02-17-2029
Notary ID 126805359

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kyle J. LeVell this the 30th day of October, 20 24, to certify which, witness my hand and seal of office.

Jennifer Kirkland — Jennifer Kirkland — Notary Public

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

OR

(2) Unsworn Declaration

My name is Kyle J. LeVell, and my date of birth is [redacted].

My address is [redacted] (street), Kyle (city), TX (state), 78640 (zip code), USA (country).

Executed in Hays County, State of Texas, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach a complete copy of the corrected campaign finance report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

Attachment to Form COR-C/OH: Explanation of Correction

Filer: Kyle J. LeVell | Report corrected: Final Report (Form C/OH), originally covering 10/28/2025 through 11/04/2025, filed January 2026 | Office sought: Kyle City Council District 1, November 4, 2025 general election

I am filing this corrected final report to fix the following errors in my final report. Each error was made in good faith.

1. Period covered. The original report covered only 10/28/2025 through 11/04/2025. It left out campaign account activity through 01/20/2026, the date the original final report was filed, including a $208.65 contribution from Colton Moore on 11/10/2025 and political expenditures made from 11/05/2025 through 01/03/2026. The corrected report covers 10/27/2025 through 01/20/2026, beginning the day after my 8-day report's period ended (10/26/2025).

2. Processing fees. Contributors paid online processing fees through Anedot that were not reported as political expenditures. The $109.08 in fees on contributions in this period is now included in total political expenditures.

3. Contributions maintained. The original balance of $1,032.52 was the bank balance on 11/04/2025 and left out contributions still being transferred by the payment processor. The corrected balance at 01/20/2026 is $2,271.86, which matches the campaign bank account on that date.

4. Form C/OH-FR, section 4A. The original stated that I had no unexpended contributions. I did. The corrected form states that I have unexpended contributions.

5. Subtotal typo. The original page 3 Schedule A1 subtotal read $2,450.33. The correct amount for the original period was $2,450.43.

6. Clothing charged in error. Two expenditures at Men's Wearhouse on 11/29/2025 ($64.95 and $562.87, totaling $627.82) were for clothing and were charged to the campaign account in error. I repaid the campaign account in full from my personal funds on _____, 2026. Because the repayment came after this report's period, it will be reported on my next required report.

Summary of changes (Cover Sheet, page 2)

Line	Original	Corrected
2. Total political contributions	$2,450.43	$2,659.08
3. Total unitemized political expenditures	$92.71	$634.63
4. Total political expenditures	$1,077.79	$2,247.53
5. Total political contributions maintained	$1,032.52	$2,271.86

Expenditures to any one payee totaling $220 or less during the period are reported as unitemized expenditures. This corrected report replaces the original final report in full.

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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: Kyle | MI: J
NICKNAME | LAST: LeVell | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Kyle | STATE: TX | ZIP CODE: 78640

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: ([redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: Jill | MI: D
NICKNAME | LAST: Dilbeck | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Kyle | STATE: TX | ZIP CODE: 78640

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: ([redacted] | EXTENSION

OFFICE USE ONLY

Date Received: 10/30/26-gl 4:43pm

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☒ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 10 / 27 / 2025 THROUGH 01 / 20 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 04 / 2025

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): Kyle City Council District 1

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
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)
Kyle J. LeVell	

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)	$ 2,659.08
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 634.63
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,247.53
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,271.86
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.

[redacted]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

JENNIFER KIRKLAND
Notary Public, State of Texas
Comm. Expires 02-17-2029
Notary ID 126805359

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kyle J. LeVell this the 30th day of October, 20 26, to certify which, witness my hand and seal of office.

Jennifer Kirkland — Signature of officer administering oath
Jennifer Kirkland — Printed name of officer administering oath
Notary Public — Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kyle J. LeVell, and my date of birth is [redacted].

My address is [redacted] (street), Kyle (city), TX (state), 78640 (zip code), USA (country).

Executed in Hays County, State of Texas, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Kyle J. LeVell	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,659.08
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	[ ]	SCHEDULE E: LOANS	$ 0.00
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,612.90
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9.	[ ]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0.00
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME
Kyle J. LeVell

3 Filer ID (Ethics Commission Filers)

---

4 Date
11/10/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Colton Moore

6 Contributor address; City; State; Zip Code
[redacted] Trenton, GA 30752

7 Amount of contribution ($)
208.65

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/04/2025

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Mark Serrano

Contributor address; City; State; Zip Code
[redacted] Leesburg, VA 20177

Amount of contribution ($)
521.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/03/2025

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Stuart Jolly

Contributor address; City; State; Zip Code
[redacted] Brentwood, TN 37027

Amount of contribution ($)
208.65

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/03/2025

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Angel Boev

Contributor address; City; State; Zip Code
[redacted] Canandaigua, NY 14424

Amount of contribution ($)
260.73

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME
Kyle J. LeVell

3 Filer ID (Ethics Commission Filers)

4 Date
11/01/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Randy Eldridge

6 Contributor address; City; State; Zip Code
[redacted] Killeen, TX 76542

7 Amount of contribution ($)
781.56

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/31/2025

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Kimberly Klacik

Contributor address; City; State; Zip Code
[redacted] Middle River, MD 21220

Amount of contribution ($)
104.48

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/2025

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Lisa Cauley

Contributor address; City; State; Zip Code
[redacted] Alpharetta, GA 30004

Amount of contribution ($)
260.73

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/2025

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Nakiea McCarthy

Contributor address; City; State; Zip Code
[redacted] Lawrenceville, GA 30044

Amount of contribution ($)
52.40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME
Kyle J. LeVell

3 Filer ID (Ethics Commission Filers)

4 Date
10/30/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Matt Morgenthal

6 Contributor address; City; State; Zip Code
[redacted] Ruskin, FL 33570

7 Amount of contribution ($)
260.73

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Kyle J. LeVell	

4 Date	5 Payee name
10/28/2025	OSO Marketing LLC

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$985.08	273 Limestone Trl	Austin	TX	78737

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Banner, art

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Date	Payee name
11/29/2025	Men's Wearhouse #1213

Amount ($)	Payee address;	City;	State;	Zip Code
$64.95		Austin	TX	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
	Clothing purchased in error; repaid in full by candidate

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Date	Payee name
11/29/2025	Men's Wearhouse #1213

Amount ($)	Payee address;	City;	State;	Zip Code
$562.87		Austin	TX	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
	Clothing purchased in error; repaid in full by candidate

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
Kyle J. LeVell	

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

KL [redacted]

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☒ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

[redacted]

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder