

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:

| | | | | | | | |
|---|--|---|---|--|--|-----------------|------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR | FIRST <i>GARY</i> | MI <i>P.</i> | OFFICE USE ONLY | | |
| | | NICKNAME | LAST <i>Schniederjan</i> | SUFFIX | Date Received <i>FILED</i> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS / PO BOX | APT / SUITE # | CITY: STATE: ZIP CODE | <i>1320 Olive Ave Dallhart Tx 79022</i> | | |
| | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | AREA CODE <i>(806)</i> | PHONE NUMBER <i>340-6573</i> | EXTENSION | Date Hand-Delivered or Date Postmarked <i>BY MELISSA MEAD</i> | | |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR <i>GARY</i> | FIRST <i>Schniederjan</i> | MI <i>P.</i> | Receipt # <i>Hartley County</i> Amount \$ <i>BY</i> | | |
| | | NICKNAME <i>Schniederjan</i> | LAST | SUFFIX | Date Processed | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: | | | STATE: ZIP CODE <i>1320 Olive Ave. Dallhart Tx 79022</i> | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE <i>(806)</i> | PHONE NUMBER <i>340-6573</i> | EXTENSION | | | |
| 9 REPORT TYPE | | <input checked="" type="checkbox"/> January 15 | <input 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 Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | | Month <i>/</i> | Day <i>/</i> | Year <i>/</i> | Month <i>/</i> | Day <i>/</i> | Year <i>/</i> |
| 11 ELECTION | | ELECTION DATE Month <i>/</i> Day <i>/</i> Year <i>/</i> | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description | | | |
| 12 OFFICE | | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) <i>Precinct 4 Hartley County Commissioner</i> | | |
| 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. | | | | | |
| <input type="checkbox"/> Additional Pages | | COMMITTEE TYPE | | COMMITTEE NAME | | | |
| | | <input type="checkbox"/> GENERAL | | COMMITTEE ADDRESS | | | |
| | | <input type="checkbox"/> 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

GARY Schniederjan

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) \$

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$

CONTRIBUTION
BALANCE

4. **TOTAL POLITICAL EXPENDITURES** \$

OUTSTANDING
LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD \$

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD \$

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.

Gary Schniederjan
Signature of Candidate or Officeholder



(1) Affidavit

NOTARY STAMP / SEAL

Please complete either option below:

Sworn to and subscribed before me by Gary Schniederjan this the 20th day of January

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

Timbra Morris

Printed name of officer administering oath

Title of officer administering oath

Signature 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)