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 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Charles 1-1 NAME Date Received NICKNAME & CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** Woodway TX 76712 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 878-2077 PHONE MS / MRS / MR 6 CAMPAIGN **TREASURER** Sid Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE): STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** Woodway 76712 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE (ZBI) 620-6679 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 02/07/2025 04/03/2025 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Other Runoff Day Description ✓ General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Woodway City Council Ward Place !! 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$ 3,250,00
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ 3,250 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$ 1,128.77
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 1,128. ⁷⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	* Z, 121, 23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AI LAST DAY OF THE REPORTING P		* THE \$ 0,00
		Signature of Ca	andidate or Office older
	Please comple	te either option belov	v:
(1) Affidavit NOTARY STAMP/SEA	KATRINA BARRETT My Notary ID # 132846553 Expires December 31, 2028		
~ ~ ~ ~	before me by MAVUS And	$\overline{\mathcal{U}}$ SUV $\overline{}$ this the	3 day of April,
Venina?	which, witness my hand and seal of office.	34426-14	Many
Signature of officer administe		r administering oath ik	Title of officer administering oath
(2) Unsworn Declarati	on		
My name is		, and my date of birth i	s
I was and the minimum	(street)		(state) (zip code) (country)
Executed in	County, State of	• • •	
	•	Signature of Cano	lidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Siler ID (Ethios Com					
	Charles Anderson					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,250,99				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 52729				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 601,48				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

in the regarded information is not applicable, be not include this page in the report.							
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:					
2 FILER NAME	harles Anderson	3 Filer ID (Ethics Commission Filers)					
3/1/25 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:) Jason D Leann W Cook 6 Contributor address; City; State; Zip Code Woodway Tx 767/2 Ipation / Job title (See Instructions) 9 Employer (See Instruc	7 Amount of contribution (\$) 500.00					
Date	Full name of contributor out-of-state PAC (ID#:) Sidney & Susan McCormick	Amount of contribution (\$)					
3/10/25	Contributor address; City; State; Zip Code Weatway, TX 76717.	250.00					
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tlons)					
Date	Full name of contributor	Amount of contribution (\$)					
3/29/25	Contributor address; City; State; Zip Code	2,500.00					
Principal occup	pation / Job title (See Instructions) Employer (See Instru						
Date	Full name of contributor	Amount of contribution (\$)					
. *	Contributor address; City; State; Zip Code						
Principal occup	eation / Job title (See Instructions) Employer (See Instru	otions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED					

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

Forms provided by Texas Ethics Commission www.ethics.state.tx,us

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

Event Expense Fees Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Committee Legal Services	xpense Printing Ex	rpense /ages/ContractLabor	Travel In District Travel Out Of District Other (enter a category	notilisted above)
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	(c) Check if travel outside of Texa	**************************************	Check If Austin	, TX, officeholder living e	oxpense
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Date	Payee name				
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	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.	"	EACH CREDIT CARD ISSUER
1 TOTAL PAGES Z	2 FILER NAME Charles Ander	300	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A CREDIT CARD		\$ 601,48
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	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	EDED P1

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

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	ATTACH ADDITIO	ONAL COPIES	OF THIS S	SCHEDULE	AS NEEDED	***************************************	07.	



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.

Date Received				
Date Hand-delivered or Date Postmarked				
Amount \$				

Filer name	A (Filer ID #
	5 Hadaren	[
	2 MOERSEN	

- 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.
- 2. 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.
- 4. 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.
- 5. I am filing this affidavit with the cartifate Camputa Rivergeport due on April 3, 2025. 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.

(1) Affidavit	u Brown ribe Commission				11/	21 /i			
NOTARY STAMP/SEAL	X	KATRINA E My Notary ID : Expires Decen	# 13284655 <mark>3</mark>	16 .	Malesa	Signature	of Filer		Ł
Sworn to and subscribed before				CV 50V	\sum this	s the <u>3</u>	day of \underline{A}	11441	3
20 25, to certify which				wret:		Ī	Man	Δ	
Signature of officer administering of	oath	Printed r	ame of office	er administe	ring oath	• •	Title of office	r`administering o	ath
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(2) Unsworn Declaration	(Little vitte da Linea niikie eeks vas gabayt ki								
My name is				, and	d my date of b	irth is			······•
My address is									
	(str	eet)		depart, between merchinete	(city)	(state)	(zip code)	(country)	
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FILERS	WHOARE	EXEMPTER	OM THE	FIECTS	ONIC EII IN	GREQUE	PEMENT		THE SHARE

Please complete either option below:

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER