# 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 /<br>OFFICEHOLDER                       | MS / MRS / MR  | ROBER   |   | МІ                               | OFFIC               | E USE ONLY                                  |
| NAME  | NICKNAME   | LAST  |   | SUFFIX                           | Date Received       |   |
|   | WUNDERLICH   |   |   |                                  | RECEIVED 10:01 Am   |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6915 N FM (291) FAYE TEVILLE TX 78940 |   |   |                                  |                     |   |
| Change of Address                                   | /  |   |   |                                  | gem                 | DAILY TRATOR'S OFFICE                       |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE  | PHONE NUMBER  | EXTENS  | BION                             | Date Hand-delivere  | Amount \$                                   |
| 6 CAMPAIGN<br>TREASURER                             | MS/MRS/MR<br>SHA NO  | FIRST   |   | МІ                               | Date Processed      | Amount                                      |
| NAME  | NICKNAME   | LAST  |   | SUFFIX                           |                     |   |
|   |  | WUNDER  | LLICH   |                                  | Date Imaged         |   |
| 7 CAMPAIGN<br>TREASURER                             | STREET ADDRESS   | (NO PO BOX PLEASE); APT / S                                   | CITY  | <b>/</b> :                       | STATE;              | ZIP CODE                                    |
| ADDRESS   |  | NEW (50)  |   | 7000                             |                     |   |
| (Residence or Business)                             | MAYE   | E TTE ULL   | (E 14   | 18941                            | )                   |   |
| 8 CAMPAIGN  | AREA CODE  | PHONE NUMBER  | EXTENS  | ION                              |                     |   |
| TREASURER<br>PHONE                                  | 1979 249-5250  |   |   |                                  |                     |   |
| 9 REPORT TYPE                                       | January 15   | 30th day before e   | election Ru                                   | noff                             |                     | after campaign<br>appointment<br>der Only)  |
|   | July 15  | 8th day before ele  | SCUOII  | ceeded Modified<br>porting Limit | Final Rep           | ort (Attach C/OH - FR)                      |
| 10 PERIOD   | Month  | Day Year  |   | Month                            | Day Ye              | ar  |
| COVERED   | 7,   | / 1 /2023   | THROUGH                                       | 12,                              | /31/2               | 023   |
| 11 ELECTION   | ELECTION DA  | -   |   | ELECTION TYPE                    |                     |   |
| Month Day Year Primary Runoff Other Description     |  |   |   |                                  |                     |   |
|   | 3/5/   | 124 General   | Special                                       |                                  |                     |   |
| 12 OFFICE   | OFFICE HELD (if any)   | Pc-   | 12 13 OFFICE                                  | SOUGHT (if known                 | D PCT               | 12  |
| V   | FAYETTE 1  | CO CONSTABL   | 2 PAYE  | TTECO                            | UNTY GO             | NSTABLE                                     |
| 14 NOTICE FROM POLITICAL                            | THIS BOX IS FOR NOTICE   | CE OF POLITICAL CONTRIBUTIONS<br>CEHOLDER. THESE EXPENDITURES | ACCEPTED OR POLITICAL<br>S MAY HAVE BEEN MADE | EXPENDITURES M                   | ADE BY POLITICAL CO | MMITTEES TO SUPPORT<br>DLDER'S KNOWLEDGE OR |
| COMMITTEE(S)  | COMMITTEE TYPE COMMITTEE NAME  COMMITTEE TYPE  COMMITTEE NAME                                |   |   |                                  |                     |   |
| Additional Pages                                    | GENERAL COMMITTEE ADDRESS  |   |   |                                  |                     |   |
|   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME   |   |   |                                  |                     |   |
| ÿ.  |  | COMMITTEE CAMPAIGN TRI  | EASURER ADDRESS                               |                                  |                     |   |
|   | <u> </u>   |   |   |                                  |                     |   |
|   |  | GO TO   | PAGE 2  |                                  |                     |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME   | ERWUNDERLLCII   | 16 Filer ID (Ethics Commission Filers)   |  |  |  |
|--|---|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  | \$ _O-   |  |  |  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ -0-   |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ _ G _   |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 375.09  |  |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD   | TDAY \$ 1312.27  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>LAST DAY OF THE REPORTING PERIOD   | THE \$ -0 -  |  |  |  |
|  | wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.   | and correct and includes all information   |  |  |  |
| Roger Wan Deld   |   |  |  |  |  |
|  | Signature of Car  | ndidate or Officeholder  |  |  |  |
|  |   |  |  |  |  |
| Please complete either option below:   |   |  |  |  |  |
| (1) Affidavit  JAMIE C. MOREAU  Notary ID # 13413015-3  My Commission Expires  January 06, 2027                                      |   |  |  |  |  |
|  | Notary ID # 13413015-3 My Commission Expires January 06, 2027   |  |  |  |  |
| NOTARY STAMP/SEAL  | Notary ID # 13413015-3 My Commission Expires January 06, 2027  before me by Roger Wunderlich this the   | 02 day of January.   |  |  |  |
| NOTARY STAMP/SEAL  | Notary ID # 13413015-3 My Commission Expires January 06, 2027  before me by Roger Wunder ich this the   | 02 day of January.<br>Justice of the Peace   |  |  |  |
| NOTARY STAMP/SEAL  | Notary ID # 13413015-3 My Commission Expires January 06, 2027  before me by Roger Wunderlich this the _ which, witness my hand and seal of office.  Yeroau Jamie, Moreau  | 1 [ ] [  |  |  |  |
| NOTARY STAMP/SEAL  Sworn to and subscribed  20 24 to certify   | before me by Roger Wunderlich this the which, witness my hand and seal of office.  Moreau Tamie, Moreau   | Justice of the Peace   |  |  |  |
| NOTARY STAMP/SEAL  Sworn to and subscribed  29 24 to certify   | before me by Roger Wunderlich this the which, witness my hand and seal of office.  Which witness my hand and seal of office.  Which witness my hand and seal of office.  Printed name of officer administering oath  OR | Justice of the Peace   |  |  |  |
| NOTARY STAMP/SEAL  Sworn to and subscribed  20 24 , to certify  Signature of officer administer  (2) Unsworn Declaration             | before me by Roger Wunderlich this the which, witness my hand and seal of office.  Which witness my hand and seal of office.  Which witness my hand and seal of office.  Printed name of officer administering oath  OR | Justice of the Peace Title of officer administering oath                                       |  |  |  |
| NOTARY STAMP/SEAL  Sworn to and subscribed  20 24 , to certify  Sighature of officer administer  (2) Unsworn Declaration  My name is | before me by Roger Wunderlich this the which, witness my hand and seal of office.  Printed name of officer administering oath  OR  and my date of birth is  | Justice of the Peace Title of officer administering oath                                       |  |  |  |
| NOTARY STAMP/SEAL  Sworn to and subscribed  20 2   | before me by Roger Wunderlich this the which, witness my hand and seal of office.  Printed name of officer administering oath  OR  OR  And my date of birth is  | Title of officer administering oath  Title of officer administering oath  (zip code) (country) |  |  |  |

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

| 40  |  |                    |  |
|-----|--|--------------------|--|
| 19  | FILER NAME 20 Filer ID (Ethics   | Commission Filers) |  |
|     | ROGER WUNDER LICH  |                    |  |
| 21  | SUBTOTAL<br>AMOUNT   |                    |  |
| 1.  | 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                   |                    |  |
| 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              | \$ 375.00          |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                 |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |  |
| 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 | \$                 |  |
|     |  |                    |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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 Conference and Fated Share Share

| Credit Card Payment  |  |  |                                       |  |  |  |
|--|--|--|---------------------------------------|--|--|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME   |  | 3 Filer ID (Ethics Commission Filers) |  |  |  |
| 4 Date   | Payee name  FAYETTE COUNTY  7 Payee address;                     | REBUBLIC   | AN PARTY                              |  |  |  |
| 375,00   | 7 Payee address;   | City;  | State; Zip Code                       |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule) | (b) Description FLL7 NG FEE                      |                                       |  |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin                                  | n, TX, officeholder living expense    |  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OF      | Candidate / Officeholder name                                    | Office sought                                    | Office held                           |  |  |  |
| Date   | Payee name   |  |                                       |  |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description                                      |                                       |  |  |  |
| 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   |  |                                       |  |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description                                      |                                       |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense |                                       |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought                                    | Office held                           |  |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEED                                 | DED                                   |  |  |  |