

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |   |                          |                          |                               |  |                            |  |
|---|--|--|---|--------------------------|--------------------------|-------------------------------|--|----------------------------|--|
| <p>The C/OH Instruction Guide explains how to complete this form.</p>                               |  | <p>1 Filer ID (Ethics Commission Filers)</p>   | <p>2 Total pages filed:<br/><b>13</b></p> |                          |                          |                               |  |                            |  |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p>  | <p>MS / MRS / MR                      FIRST                      MI<br/> <i>Mr.</i>                      <i>Christopher</i>                      <i>J.</i><br/> <small>NICKNAME                      LAST                      SUFFIX</small><br/> <i>Czernek</i></p>  | <p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</p> <p style="color: red; font-weight: bold;">APR 26 2019</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>Receipt #</small></td> <td style="width:50%;"><small>Amount \$</small></td> </tr> <tr> <td><small>Date Processed</small></td> <td></td> </tr> <tr> <td><small>Date Imaged</small></td> <td></td> </tr> </table> |   | <small>Receipt #</small> | <small>Amount \$</small> | <small>Date Processed</small> |  | <small>Date Imaged</small> |  |
| <small>Receipt #</small>  | <small>Amount \$</small>   |  |   |                          |                          |                               |  |                            |  |
| <small>Date Processed</small>   |  |  |   |                          |                          |                               |  |                            |  |
| <small>Date Imaged</small>  |  |  |   |                          |                          |                               |  |                            |  |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <p>ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE</p> <p><i>1413 Pinot Noir St    Leander, TX 78641</i></p>  |  |   |                          |                          |                               |  |                            |  |
| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p>   | <p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p><i>(512)    574-3103</i></p>  |  |   |                          |                          |                               |  |                            |  |
| <p>6 CAMPAIGN TREASURER NAME</p>  | <p>MS / MRS / MR                      FIRST                      MI<br/> <i>Mr.</i>                      <i>Christopher</i>                      <i>J.</i><br/> <small>NICKNAME                      LAST                      SUFFIX</small><br/> <i>Czernek</i></p>  | <p><small>Receipt #</small>                      <small>Amount \$</small></p> <p><small>Date Processed</small></p> <p><small>Date Imaged</small></p>   |   |                          |                          |                               |  |                            |  |
| <p>7 CAMPAIGN TREASURER ADDRESS</p> <p><small>(Residence or Business)</small></p>                   | <p>STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE</p> <p><i>1413 Pinot Noir St.    Leander, TX 78641</i></p>  |  |   |                          |                          |                               |  |                            |  |
| <p>8 CAMPAIGN TREASURER PHONE</p>   | <p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p><i>(512)    574-3103</i></p>  |  |   |                          |                          |                               |  |                            |  |
| <p>9 REPORT TYPE</p>  | <p> <input 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)<br/> <input type="checkbox"/> July 15                      <input checked="" type="checkbox"/> 8th day before election                      <input type="checkbox"/> Exceeded \$500 limit                      <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p> |  |   |                          |                          |                               |  |                            |  |
| <p>10 PERIOD COVERED</p>  | <p> <small>Month                      Day                      Year</small>                      <small>Month                      Day                      Year</small><br/> <i>04 / 03 / 2019</i>                      THROUGH                      <i>04 / 25 / 2019</i> </p>   |  |   |                          |                          |                               |  |                            |  |
| <p>11 ELECTION</p>  | <p>ELECTION DATE</p> <p><small>Month                      Day                      Year</small></p> <p><i>05 / 04 / 2019</i></p>   | <p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary                      <input type="checkbox"/> Runoff                      <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General                      <input type="checkbox"/> Special         </p>   |   |                          |                          |                               |  |                            |  |
| <p>12 OFFICE</p>  | <p>OFFICE HELD (if any)</p>  | <p>13 OFFICE SOUGHT (if known)</p> <p><i>Leander City Council, Place 5</i></p>   |   |                          |                          |                               |  |                            |  |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME Christopher Joseph Czernek **15** Filer ID (Ethics Commission Filers)

**16** 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"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |                    |
|-------------------------------|---|--------------------|
| <b>17</b> CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>∅</u>        |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                           | \$ <u>7,184.33</u> |
| EXPENDITURE TOTALS            | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>∅</u>        |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ <u>7,207.65</u> |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>4,368.97</u> |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>∅</u>        |

**18** AFFIDAVIT

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.



\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHRIS CZERNEK, this the 26 day of APRIL, 2019, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary/City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath