

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dr. Charles E NICKNAME LAST SUFFIX Eddy Sauer	OFFICE USE ONLY	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> Change of Address P. O. Box 50847 Amarillo Texas 79159	Date Received <h2 style="margin:0;">RECEIVED</h2> JUL 17 2017 CITY SECRETARY'S CITY OF AMARILLO	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION (806) 680-3101		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Dr. Kirk A. NICKNAME LAST SUFFIX Coury	Receipt # Amount \$	Date Hand-delivered or Date Postmarked Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1707 Club View Amarillo, TX 79124		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION (806) 376-1206		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <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) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	10 PERIOD COVERED Month Day Year Month Day Year 04 / 28 / 2017 THROUGH 07 / 10 / 2017		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 06 / 2017 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Amarillo City Council Place 3	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

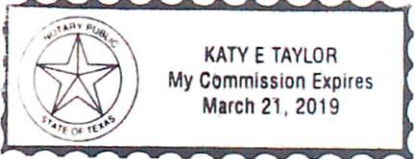
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME Eddy Sauer for City Council
		COMMITTEE ADDRESS P O Box 50847 Amarillo, TX 79159
		COMMITTEE CAMPAIGN TREASURER NAME Kirk A. Coury
		COMMITTEE CAMPAIGN TREASURER ADDRESS 1707 Clubview, Amarillo, TX 79124

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 850.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,268.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,783.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

18 AFFIDAVIT



KATY E TAYLOR
My Commission Expires
March 21, 2019

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.

C Edward Sauer, Jr

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said C. EDWARD SAUER, JR, this the 17th day of JULY, 2017, to certify which, witness my hand and seal of office.

Katy Taylor

Signature of officer administering oath

KATY TAYLOR

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Charles Edward "Eddy" Sauer		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,268.79
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1

2 FILER NAME

Charles Edward "Eddy" Sauer

3 Filer ID (Ethics Commission Filers)

4 Date

5/3/2017

5 Full name of contributor

Mark & Terri Mosely

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

P.O. Box 30206

City; State; Zip Code

Amarillo, TX 79120

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Williams Group

Date

5/3/2017

Full name of contributor

Barbara Chittenden

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

3407 Bismark

City; State; Zip Code

Amarillo, TX 79118

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/12/2017

Full name of contributor

Perry Williams

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

P.O. Box 30206

City; State; Zip Code

Amarillo, TX 79120

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Williams Group

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/1/2017	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) C. Edward Sauer	9 Loan Amount (\$) 2000.00
6 Is lender a financial institution? Y N X	8 Lender address; City; State; Zip Code 7619 Countryside Dr. Amarillo, TX 79119	10 Interest rate 0.00
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Dentist		13 Employer (See Instructions) Shemen Dental Group, LLP
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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
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		2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)	
4 Date 5/11/2017		5 Payee name Sonja's Ink			
6 Amount (\$) 1770.29		7 Payee address; City; State; Zip Code 7913 Pilgrim, Amarillo, TX 79119			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Social Media Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Charles Edward "Eddy" Sauer		Office sought Amarillo City Council Place 3	
Date 6/24/2017		Payee name Norfleet Strategies, LLC			
Amount (\$) 2500.00		Payee address; City; State; Zip Code 807 Brazos St., Suite 602 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Fee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Charles Edward "Eddy" Sauer		Office sought Amarillo City Council Place 3	
Date 6/30/2017		Payee name Eddy Sauer			
Amount (\$) 101.32		Payee address; City; State; Zip Code 7619 Countryside Dr., Amarillo, TX 79119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Watch Party Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Charles Edward "Eddy" Sauer		Office sought Amarillo City Council Place 3	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 Charles Edward "Eddy" Sauer	3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2017	5 Payee name C&B Marketing	
6 Amount (\$) 339.82	7 Payee address; City; State; Zip Code 7913 Pilgrim Dr. Amarillo, TX 79119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Watch Party Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Charles Edward "Eddy" Sauer Office sought: Amarillo City Council Place 3 Office held:	
Date 5/22/2017	Payee name Sylvia Nugent	
Amount (\$) 1157.36	Payee address; City; State; Zip Code 11508 Royalshire Dr. Dallas, TX 75230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Watch Party Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Charles Edward "Eddy" Sauer Office sought: Amarillo City Council Place 3 Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Charles Edward "Eddy" Sauer Office sought: Amarillo City Council Place 3 Office held:	

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