

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: 16								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dr. Charles E NICKNAME LAST SUFFIX Eddy Sauer	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">APR 26 2019</div> <div style="font-size: 1.2em; font-weight: bold; text-align: center;">CITY SECRETARY'S CITY OF AMARILLO</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 50847 Amarillo Texas 79159										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 680-3101										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Kirk A. NICKNAME LAST SUFFIX Coury										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1707 Club View Amarillo, TX 79124										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 376-1206										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 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)
<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 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)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">04 / 01 / 2019</td> <td></td> <td style="text-align: center;">04 / 24 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	04 / 01 / 2019		04 / 24 / 2019		
Month Day Year	THROUGH	Month Day Year									
04 / 01 / 2019		04 / 24 / 2019									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year 05 / 04 / 2019 </td> <td style="width: 70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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) Amarillo City Council Place 3									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Charles Edward "Eddy" Sauer

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.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Eddy Sauer for City Council
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	P.O. Box 50847 Amarillo, TX 79159
	COMMITTEE CAMPAIGN TREASURER NAME
	Kirk A. Coury
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	1707 Clubview Dr., Amarillo, TX 79124

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,561.70
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,599.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,955.51
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



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.

Charles 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. DC, this the 24th day of APRIL, 2019, to certify which, witness my hand and seal of office.

Katy E Taylor KATY E. TAYLOR NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath 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	\$ 7,400.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,161.70
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	\$ 21,599.16
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:
6

2 FILER NAME

Charles Edward "Eddy" Sauer

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/2019

5 Full name of contributor

Sammy & Kathy Saied

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

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

8008 Oakview Dr.

City: State: Zip Code

Amarillo, TX 79119

8 Principal occupation / Job title (See Instructions)

Financial Adviser

9 Employer (See Instructions)

MWA Financial

Date

4/4/2019

Full name of contributor

Kerry & Anita Adair

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

Amount of contribution (\$)

250.00

Contributor address;

4 Eagle Pass

City: State: Zip Code

Canyon, TX 79015

Principal occupation / Job title (See Instructions)

Finance

Employer (See Instructions)

Williams Group

Date

4/4/2019

Full name of contributor

Jeff & Michelle Eggleston

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

Amount of contribution (\$)

250.00

Contributor address;

6600 Willow Oak Pl

City: State: Zip Code

Amarillo, TX 79124

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

4/4/2019

Full name of contributor

Gary & Sally Jennings

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

Amount of contribution (\$)

100.00

Contributor address;

4503 Greenwich Pl

City: State: Zip Code

Amarillo, TX 79119

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Abbeville Dental

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Connie Garrett 6 Contributor address; City; State; Zip Code #7 Willow Bridge Amarillo, TX 79106	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Coldwell Banker
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bharat & Doksha Khandheria Contributor address; City; State; Zip Code 7820 Lindsey Amarillo, TX 79121	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) VA Medical Center
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Morris Contributor address; City; State; Zip Code 6308 Calumet Amarillo, TX 79106	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Amy Juba Contributor address; City; State; Zip Code 550 S. Avondale Amarillo, TX 79106	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME Charles Edward "Eddy" Sauer

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Steve & Jane Austin

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
2815 S. Georgia St Amarillo, TX 79109

8 Principal occupation / Job title (See Instructions)
Dentist

9 Employer (See Instructions)
Self

Date
4/8/2019

Full name of contributor out-of-state PAC (ID#: _____)
W. H. & Alice O'Brien

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
800 S. Monroe St. Amarillo, TX 79101

Principal occupation / Job title (See Instructions)
Cattle Rancher

Employer (See Instructions)
Self

Date
4/8/2019

Full name of contributor out-of-state PAC (ID#: _____)
Richard F. Brown

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
3004 S. Hayden St Amarillo, TX 79109

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
4/8/2019

Full name of contributor out-of-state PAC (ID#: _____)
Sandra Watts

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
#5 Willow Bridge Dr. Amarillo, TX 79106

Principal occupation / Job title (See Instructions)
Investments

Employer (See Instructions)
Self

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Charles Edward "Eddy" Sauer

3 Filer ID (Ethics Commission Filers)

4 Date
4/8/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Eugene & Colleen Hamilton

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
6903 Club Meadows Amarillo, TX 79124

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
4/8/2019

Full name of contributor out-of-state PAC (ID#: _____)
Roger & Susan Cox

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
2809 Bonham Amarillo, TX 79109

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Underwood

Date
4/8/2019

Full name of contributor out-of-state PAC (ID#: _____)
Dean & Sherry Morrison

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2609 S. Hughes Amarillo, TX 79109

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)
Coldwell Banker

Date
4/19/2019

Full name of contributor out-of-state PAC (ID#: _____)
Colby & Allyson Flaming

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
7706 London Ct. Amarillo, TX 79119

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Western Equipment

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Charles Edward "Eddy" Sauer

3 Filer ID (Ethics Commission Filers)

4 Date
4/19/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Ron & Cheri Boyd

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
809 S. Tyler Amarillo, TX 79102

8 Principal occupation / Job title (See Instructions)
Auto Dealer

9 Employer (See Instructions)
Street Auto Group

Date
4/21/2019

Full name of contributor out-of-state PAC (ID#: _____)
Garth & Suzie Merrick

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
700 S. Avondale Amarillo, TX 79106

Principal occupation / Job title (See Instructions)
Nutri Feed

Employer (See Instructions)
Self

Date
4/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Edward Bradley

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
3002 S. Lipscomb Amarillo, TX 79109

Principal occupation / Job title (See Instructions)
Auto Dealer

Employer (See Instructions)
Self

Date
4/24/2019

Full name of contributor out-of-state PAC (ID#: _____)
Alex & Cheryl Fairly

Amount of contribution (\$)
2000.00

Contributor address; City; State; Zip Code
3221 S. Milam Amarillo, TX 79109

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Fairly Group

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk & Madeline Coury 6 Contributor address; City; State; Zip Code 1707 Clubview Dr. Amarillo, TX 79124	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Amarillo Endodontics
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/2/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters PAC 7 Contributor address; City; State; Zip Code PO Box 1532 Amarillo, TX 79105	8 Amount of Contribution \$ 3,360.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Grassroots Consulting
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PAC		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters PAC Contributor address; City; State; Zip Code PO Box 1532 Amarillo, TX 79105	Amount of Contribution \$ 3,614.10 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Mail Piece
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PAC		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/15/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters PAC 7 Contributor address; City; State; Zip Code PO Box 1532 Amarillo, TX 79105	8 Amount of Contribution \$ 1,390.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Digital Ads & Campaign Services
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PAC		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 4/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters PAC Contributor address; City; State; Zip Code PO Box 1532 Amarillo, TX 79105	Amount of Contribution \$ 2,400.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description GOTV Messages
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PAC		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/23/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters PAC 7 Contributor address; City; State; Zip Code PO Box 1532 Amarillo, TX 79105	8 Amount of Contribution \$ 3,397.60	9 In-kind contribution description Mail Piece <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) PAC		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 3	2 FILER NAME Charles Edward "Eddy" Sauer		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2019	5 Payee name Targeted Creative Communications, Inc		
6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code 106 S. Columbus St., Alexandria, VA 22314		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 4/23/2019	Payee name Nobox Creative		
Amount (\$) 5000.00	Payee address; City; State; Zip Code 1001 SE 3rd Ave., Suite B, Amarillo, TX 79102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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	Office held
Date 04/23/2019	Payee name Eddy Sauer		
Amount (\$) 29.91	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) Postage	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	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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 4/23/2019	5 Payee name Tina Sauer	
6 Amount (\$) 55.00	7 Payee address; City; State; Zip Code 7619 Countryside Dr. Amarillo, TX 79119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage 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 4/23/2019	Payee name Norfleet Strategies, LLC	
Amount (\$) 6500.00	Payee address; City; State; Zip Code 504 W. 12th St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense & Advertising	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 4/4/2019	Payee name Paypal	
Amount (\$) 14.25	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Charge	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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)
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4 Date 4/23/2019	5 Payee name Targeted Creative Communications, Inc.
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6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code 106 S. Columbus St. Alexandria, VA 22314
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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
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9 Complete ONLY 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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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