

# 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:<br>5 |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>   | MS / MRS / MR                      FIRST                      MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><h2 style="margin: 0;">RECEIVED</h2><br><br>JAN 15 2021<br><br>CITY SECRETARY'S<br>CITY OF AMARILLO   |                           |
|  | . Dr. . . . . Charles . . . . . E . . . . .<br>NICKNAME                      LAST                      SUFFIX   |  |                           |
| Eddy                      Sauer  |   |  |                           |
| ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE |   |  |                           |
| <input type="checkbox"/> Change of Address   | P. O. Box 50847    Amarillo    Texas                      79159   | Date Hand-delivered or Date Postmarked   |                           |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>  | AREA CODE                      PHONE NUMBER                      EXTENSION  | Receipt #                      Amount \$   |                           |
| ( 806 )                      680-3101  | Date Processed  |  |                           |
| <b>6 CAMPAIGN TREASURER NAME</b>   | MS / MRS / MR                      FIRST                      MI  | Date Imaged  |                           |
| . Dr. . . . . Kirk . . . . . A . . . . .<br>NICKNAME                      LAST                      SUFFIX               | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE   |  |                           |
| Eddy                      Sauer  | 1707 Club View                      Amarillo, TX 79124  |  |                           |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)   | AREA CODE                      PHONE NUMBER                      EXTENSION  |  |                           |
| <b>8 CAMPAIGN TREASURER PHONE</b>  | ( 806 )                      376-1206   |  |                           |
| <b>9 REPORT TYPE</b>   | <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                           |
| <b>10 PERIOD COVERED</b>   | Month                      Day                      Year                      Month                      Day                      Year<br>07 / 01 / 2020                      THROUGH                      12 / 31 / 2020   |  |                           |
| <b>11 ELECTION</b>   | ELECTION DATE<br>Month                      Day                      Year<br>05 / 04 / 2019   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                           |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)<br><br>Amarillo City Council Place 3   | <b>13 OFFICE SOUGHT (if known)</b>   |                           |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|  |   |
|--|---|
| <b>14 C/OH NAME</b><br>Charles Edward "Eddy" Sauer | <b>15 Filer ID (Ethics Commission Filers)</b> |
|--|---|

|  |   |                |
|--|---|----------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b> | 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   | COMMITTEE TYPE |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE NAME |
|  | COMMITTEE ADDRESS   |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME   |                |

Additional Pages

|                                       |  |
|---------------------------------------|--|
| Eddy Sauer for City Council           |  |
| P.O. Box 50847<br>Amarillo, TX 79159  |  |
| Kirk A. Coury                         |  |
| 1707 Clubview Dr., Amarillo, TX 79124 |  |

|                                |   |             |
|--------------------------------|---|-------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 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)                                  | \$          |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$          |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 698.75   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 3,133.83 |
| <b>OUTSTANDING LOAN TOTALS</b> | 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*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Sauer, this the 15<sup>th</sup> day of September, 2021, to certify which, witness my hand and seal of office.

*Frances Hibbs*  
Signature of officer administering oath

Frances Hibbs  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

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

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b><br>Charles Edward "Eddy" Sauer |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b>   |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 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   | \$ 698.75                                     |
| 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 | \$  |

**LOANS**

**SCHEDULE E**

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.                      |   | 1 Total pages Schedule E:<br>1   |
| 2 FILER NAME<br>Charles Edward "Eddy" Sauer                                    |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$   |
| 5 Date of loan<br>3/1/2017   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>C. Edward Sauer | 9 Loan Amount (\$)<br>2000.00  |
| 6 Is lender a financial institution?<br>Y N X                                  | 8 Lender address; City; State; Zip Code<br>1601 S. Milam Amarillo, TX 79102                 | 10 Interest rate<br>0.00   |
|  |   | 11 Maturity date<br>N/A  |
| 12 Principal occupation / Job title (See Instructions)<br>Dentist              |   | 13 Employer (See Instructions)<br>Shemen Dental Group, LLP   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none       |   | 15 Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | 17 Name of guarantor<br>.....<br>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?<br>Y N                                      | Lender address; City; State; Zip Code   | Interest rate  |
|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)                            |   | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none                     |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>               |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable               | Name of guarantor<br>.....<br>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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>1 | <b>2</b> FILER NAME<br>Charles Edward "Eddy" Sauer | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--|--|

|                          |  |
|--------------------------|--|
| <b>4</b> Date<br>9/15/20 | <b>5</b> Payee name<br>Barrios Neighborhood Planning Committee |
|--------------------------|--|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$150.00 | <b>7</b> Payee address; City; State; Zip Code<br>550 Tascosa Rd. Amarillo, TX 79124 |
|----------------------------------|---|

|   |   |  |
|---|---|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><br>Donation - Street Topper | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                  |                                  |
|------------------|----------------------------------|
| Date<br>10/15/20 | Payee name<br>Double U Marketing |
|------------------|----------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$421.75 | Payee address; City; State; Zip Code<br>1608 S. Washington Amarillo, TX 79102 |
|-------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><br>Web Hosting | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

|                  |                          |
|------------------|--------------------------|
| Date<br>12/20/20 | Payee name<br>Eddy Sauer |
|------------------|--------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$127.00 | Payee address; City; State; Zip Code<br>1601 S. Milam Amarillo, TX 79102 |
|-------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><br>Reimburse USPS PO Box | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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 NEEDED