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/	MS / MRS / MR FIRST	MI	0551051	105 01111
OFFICEHOLDER	Dr. Charles	Е	OFFICE	JSE ONLY
NAME	Dr. Charles LAST		Date Received	
		SUFFIX		
	Eddy Sauer			
4 CANDIDATE / OFFICEHOLDER		CITY; STATE; ZIP CODE		
MAILING	PO Box 50847 Amarillo,	TX 79159		
ADDRESS				
Change of Address				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	(806) 680-3101		01/18/2022	
PHONE	(806) 000-3101		Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR FIRST	MI	. кооо,рк и	/illount ψ
TREASURER NAME	Dr. Kirk	A	Date Processed	<u> </u>
IVAIVIL	NICKNAME LAST	SUFFIX		
	Coury		Date Imaged	
	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	CTATE.	ZIP CODE
7 CAMPAIGN TREASURER	STREET ADDRESS (NO FO BOX FLEASE), AFT / S	OHE #, CHT,	STATE;	ZIF CODE
ADDRESS	1707 Clubyiou	Amarillo, TX 79	124	
(Residence or Business)	1707 Clubview	Amamo, 17 19	124	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER				
PHONE	(806) 376-1206			
• 5550577/55	(333 , 313 1_33			
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day afte treasurer app	
		Currended Medicad	(Officeholder	
	July 15 8th day before ele	Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
OOVERED	07 / 15 / 2021	THROUGH 12	/31 /202 ⁻	1
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other		
	North Edy Tour	Description		
	05 / 01 / 2021 X General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
12 OFFICE		,	,	
	Amarillo City Council Place 3			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE			
COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	RED TO REPORT THIS INFORMATION ONLY IF T	HEY RECEIVE NOTICE OF	SUCH EXPENDITURES.
,	COMMITTEE TYPE COMMITTEE NAME			
	COMMITTEE ADDRESS			
Additional Pages	GENERAL COMMITTEE ADDRESS			
/ .aditional 1 agos	COMMITTEE CAMPAIGN TRE	EASURER NAME		
	SPECIFIC COMMITTEE CAMPAIGN TRE			
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	SS	, <u>.</u>		
	1			
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	Eddy Sauer for City Council				
	COMMITTEE ADDRESS				
	SPECIFIC	P.O. Box 50847			
		Amarillo, TX 79159			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		Kirk A. Coury			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 71.44		
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 7,060.				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 5,000.00		
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. Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476219 Angela Christine Covin My Commission Expires 12/6/2025 Angela Christine Covin My Commission Expires 12/6/2025 Angela Christine Covin 12/6/2025 Angela Christ					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Charles E. Sauce, this the 17th					
day of January, 20 72, to certify which, witness my hand and seal of office.					
and	Con	angela Covin	Notary		
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	19 FILER NAME 20 Filer ID (Ethics		Commission Filers)	
	Charles E Sauer			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. X SCHEDULE E: LOANS		\$	5,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	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 CON	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

ii the requested	i information is not applicable, bo no	i include this page in the re	port.		
The Instruction Guide explains how to complete this form.			Total pages Schedule E: 1		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Charl					
Charles E Sauer 4 TOTAL OF UNITEMIZED LOANS			\$		
5 Date of loan	7 Name of lander	DA C (ID#)	9 Loan Amount (\$)		
24.5 554	7 Name of lender out-of-state PAC (ID#:)		(\psi)		
2/2/2021	C Edward Sauer		5000.00		
6 Is lender a financial Institution?	8 Lender address; City;	10 Interest rate N/A			
YNX		Amarillo, TX 79102	11 Maturity date N/A		
	on / Job title (See Instructions)	13 Employer (See Instructions)			
Dentist		Shemen Dental G	roup		
14 Description of Coll none	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor	,	19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable	16 Guarantor address, City,	State, ZIP Code			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	<u>I</u>		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral		Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
none	Name of quaranter		Amount Guaranteed (\$)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteeu (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
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.