# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Dr.	<sub>FIRST</sub> Charles	E MI	OFFICE USE ONLY	
NAME	NICKNAME Eddy	Sauer	SUFFIX	RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 50		TX 79159	JUL 1 4 2022	
Change of Address				110	
5 CANDIDATE/ OFFICEHOLDER PHONE	( 806 )	PHONE NUMBER 680-3101	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI		
TREASURER NAME	Dr.	Kirk	Α	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Coury			
7 CAMPAIGN TREASURER	STREET ADDRESS (	NO PO BOX PLEASE). APT / S		STATE, ZIP CODE	
ADDRESS	1707 Club	view	Amarillo, TX 79	124	
(Residence or Business)  8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(806) 376-1206				
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	01	01 / 2022	THROUGH 06	/30 /2022	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day Year Primary Runoff Other Description				
	05 / 01	2021 Seneral	Special		
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if know	n)	
	Amarillo City Council Place 3				
14 NOTICE FROM POLITICAL	OTICE FROM  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONTRIBUTIONS  THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE		DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 322.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ \$6,738.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	\$ \$5,000.00
	Signature of Ce	7
(1) Affidavit NOTARY STAMP/SEA	Angela Christine Covin My Commission Expires 12/6/2025 Notary ID 133476218	
Sworn to and subscribed	before me by Edward Sauer this the	14 day of July.
20 22 , jo certify  Signature of officer administr	which, witness my hand and seal of office.  COVID  ering oath  Printed name of officer administering oath	NUTANA Title of officer administering oath
(2) Unsworn Declarat	óġ. on	
My name is	, and my date of birth is	S
į.		
		(state) (zip code) (country)
Executed in	County, State of, on theday of(mont	, 20 h) (year)
	Signature of Candi	idate/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Charles E Sauer	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	Ş
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	s 5,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 322.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH S
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS S
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED \$

#### SCHEDULE E LOANS

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

The Instruc	ction Guide explains how to comple	te this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Charles E	Sauer		
			<b>C</b>
4 TOTAL OF UNITEM	IIZED LOANS		\$
5 Date of loan 7 N	Name of lender	AC (ID#:)	9 Loan Amount (\$)
2/2/2021 C	Edward Sauer	,,,,,	5000.00
	ender address; City;	State; Zip Code	10 Interest rate N/A
	1601 S. Milam St. A	marillo, TX 79102	11 Maturity date N/A
12 Principal occupation / Jo	b title (See Instructions)	13 Employer (See Instructions)	
Dentist		Shemen Dental G	roup
14 Description of Collateral			ds were deposited into political
∏ πone		account (See Instructi	
	Name of guarantor		19 Amount Guaranteed (\$)
18 6	Guarantor address; City;	State; Zip Code	
	•	I	
not applicable		21 Employer (Car Instructions)	<u> </u>
20 Principal Occupation (S	ee Instructions)	21 Employer (See Instructions)	
l i		Da C /ID#	Loan Amount (S)
Date of loan	Name of lender	PAC (ID#:)	
,		Outer Zie Codo	Interest rate
a financial	Lender address; City;	State; Zip Code	
Institution?			Maturity date
YN		Factoria (D. 11)	
Principal occupation / Jo	ob title (See Instructions)	Employer (See Instructions)	
5			do
Description of Collateral		Check if personal fundaccount (See Instruct	ds were deposited into political tions)
none	Name of guarantor		Amount Guaranteed (\$)
GUARANTOR INFORMATION	, .a.,,,,,, o, gao,, ai, not		
	Guarantor address; City;	State; Zip Code	.
not applicable			
Principal Occupation (S	ee Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	EDED eportina requirements.
If lender		estruction guide for additional re	Revised 8/17/202

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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/ContractLabor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District Travel Out Of District Other (enter a category not listed above)

-- ----teta thio form

Credit Card Payment	The instruction Guide explains how to co		
Total pages Schedule F1:	2 FILER NAME	3 1	Filer ID (Ethics Commission Filers)
1	Charles E. Sauer		<u> </u>
Date	5 Payee name		
1/10/2022	USPS	City;	State; Zip Code
Amount (\$)	7 Payee address;	City,	. ,
\$161.00	8301 W. Amarillo Blvd	Amarillo, TX	79124
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	PO Box Rent	tal
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	C, afficeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit G/O			
Date	Payee name		
6/16/2022	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
Satismin fal			79124
\$161.00	8301 W. Amarillo Blvd	Amarillo, TX	70127
Ψ101.00	Category (See Categories listed at the top of this schedule)	Description	
	Gangory (or array	PO Box Rea	ntal
PURPOSE OF	Fees	LO DOY VET	Itaı
EXPENDITURE			ne de la
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	Payee name		
Date	, ayou name		
Amount (S)	Payee address;	City;	State; Zip Code
Miloniu (A)			
	Category (Sea Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if disent	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit Co			
			3CD
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	7EU