

**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 **2** Total pages filed:  
4

**3** CANDIDATE / OFFICEHOLDER NAME  
MS / MRS / MR FIRST MI  
Eduardo  
NICKNAME LAST SUFFIX  
Arredondo

**OFFICE USE ONLY**  
Date Received  
**RECEIVED**  
**JUN 25 2020**  
**BURNET CO ELECTIONS**

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  
400 Great Western  
Horseshoe Bay, TX 78657  
 Change of Address

Date Hand-delivered or Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

**5** CAMPAIGN TREASURER NAME  
MS / MRS / MR FIRST MI  
DAVID A  
NICKNAME LAST SUFFIX  
SCHAEFER

**6** CAMPAIGN TREASURER ADDRESS  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
100 SENISA CT, BUCHANAN DAM, TX, 78609  
(Residence or Business)

**7** CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
(830) 613-0130

**8** REPORT TYPE  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH-FR)

**9** PERIOD COVERED  
Month Day Year THROUGH Month Day Year  
01/01/2020 06/30/2020

**10** ELECTION  
ELECTION DATE  
Month Day Year  
11/03/2016  
ELECTION TYPE  
 Primary  Runoff  Other  
 General  Special

**11** OFFICE OFFICE HELD (if any)  
County Attorney ~~BURNET~~  
BURNET COUNTY, TEXAS  
**12** OFFICE SOUGHT (if known)  
XXXXXXXXXXXXXXXXXX

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

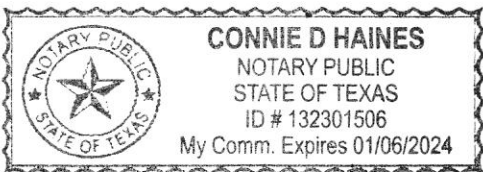
2 of 4

<b>13 C / OH NAME</b> Arredondo, Eduardo	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES Combined Monthly Service Charges	\$	34.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	398.92 <del>0.00</del>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**




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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eduardo Arredondo, this the 24 day of June, 20 20, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Connie D. Haines

 \_\_\_\_\_  
 Printed name of officer administering

Communication Clerk

 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Arredondo, Eduardo		<b>19 Filer ID</b>	
<b>20 SCHEDULE SUBTOTALS</b>			<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE			
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 type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 34.75
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Arredondo, Eduardo	<b>3</b> Filer ID
<b>4</b> Date 06/18/2020	<b>5</b> Payee name First United Bank	
<b>6</b> Amount (\$) \$34.75  COMBINED MONTHLY SERVICE CHARGES	<b>7</b> Payee address; City; State; Zip Code 418 N Hwy 281  Marble Falls, TX 78654	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Service Charges
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held