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)	n Filers) 2 Total pages filed: 4			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Eduardo	MI	OFFICE USE ONLY		
NAME	NICKNAME Eddie	Arredondo	SUFFIX	Date Received	EIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 400 Great We Horseshoe Ba	estern ay, TX 78657	CITY; STATE; ZIP CODE		1 2022 ELECTIONS	
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION		D. J. Destroyled	
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	798-5556	2.1.2.10101.	Date Hand-delivered Receipt #	or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount	
TREASURER NAME	Mr	David	A	Date Processed		
	NICKNAME	NICKNAME LAST SUFFIX Schaefer		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	100 Senisa C	oo po box please); apt / Ct am, TX 78609	SUITE #; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(830)	PHONE NUMBER 613-0130	EXTENSION			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before e	election Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THROUGH 6	Day Year / 31 / 22		
11 ELECTION	Month Day	Year Primary General	Description	:		
12 OFFICE	County Atto	orney	13 OFFICE SOUGHT (if know	n)		
14 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					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVII AIGI	THAITOL ILLI OILL			
15 C/OH NAME Eduardo Arredondo		16 Filer	r ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	DANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			41.70
	4. TOTAL POLITICAL EXPENDITURES		\$	41.70
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THOSE OF REPORTING PERIOD	HE LAST DAY	\$	225.17
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	S AS OF THE	\$	0.00
	Please complete either option b CONNIE D HAINES NOTARY PUBLIC STATE OF TEXAS	elow:		
(1) Afficavit	ID # 132301506 Comm. Expires 01/06/2024			
NOTARY STAMP/SEA	d before me by Edwards Arredondon	nis the	day of	Tely.
20 22 to certify	which, witness my hand and seal of officer ONTIL DEFINITION	Commi	invation	ni Clork
Signature of officer administ	tering oath Printed name of officer administering oath		Title of office	er administering oath
THE SHAPE STATE	OR			N. S. C. B.
(2) Unsworn Declarat	ion			
My name is	, and my date of	birth is		·
My address is			,	
	(street) (city)	(state)	(zip code)	
Executed in	County, State of, on the day of _	(month)	, 20 (year)	
	Signature of	f Candidate/Off	ficeholder (Dec	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			TOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	S. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			41.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
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 FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 Eduardo Arredondo	3 Filer ID (Ethics Commission Filers			
4 Date	5 Payee name		•		
06/16/2022	First United Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
41.70	418 N HWY 281, Marble Falls, TX 78	8654			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Accounting / Banking X6 \$6.95 Monthly Account Service F			Service Fees	
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See 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 direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	fice sought Office held		
Date	Payee name				
54.0					
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					