CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE / MS / MRS / MR FIRST **OFFICEHOLDER** OFFICE USE ONLY Eduardo NAME Date Received NICKNAME LAST SUFFIX Eddie Arredondo 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: RECEIVED STATE ZIP CODE OFFICEHOLDER 400 Great Western, Horseshoe Bay, TX 78657 MAILING JAN 5 2023 **ADDRESS** Change of Address **BURNET CO ELECTIONS** 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER Date Hand-delivered or Date Postmarked (830)798-5556 PHONE Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER** Mr, David Α NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Schaefer STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE ZIP CODE **TREASURER** 100 Senisa Ct, Buchanan Dam, TX 78609 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (830 613-0130 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Day COVERED / 1 22 31 / 22 **THROUGH** 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Other Description Runoff /1/ General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) County Attorney 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

FORM C/OH

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S 0.00 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES S 41.70 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS AND TOTAL POLITICAL CONTRIBUTIO	CAMPAIGI	N FINANCE REPORT	COVE	R SHEET PG 2
PLEDGES, LOANS, OR GUARANTESS OF LOANS, OR PLEDGES, LOANS, OR GUARANTESS OF LOANS, OR O.00 EXPENDITURE TOTAL POLITICAL CONTRIBUTIONS O.00 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE: \$ 41.70 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 7 FREPORTING PERIOD OUTSTANDING 18 SIGNATURE 1 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. Please complete either option below: OONIED PHAINES NOTARY PUBLIC STATE OF TEXAS 10 #13301068 My Comm. Expires 01/06/2024 NOTARY STAMP/SEAL Swom to and subscribed before me by OONIED PHAINES SIGNATURE 10 #13301068 Not Contribution NOTARY STAMP/SEAL Swom to and subscribed before me by OONIED PHAINES SIGNATURE 10 #13301068 Not Contribution Printed name of office. OTHER PUBLIC STATE OF TEXAS 10 #13301068 Not Contribution Printed name of office. OTHER PUBLIC STATE OF TEXAS 10 #13301068 Not contribution Title of officer administering oath OR (2) Unsworn Declaration My name is ON ON the or the object of the option of the option on the option of the option option of the option option of the option o	15 C/OH NAME		16 Filer ID (Et	hics Commission Filers)
CONTRIBUTION S		PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	\$	0.00
4. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 1 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. Please complete either option below: CONNIED HAINES NOTARY PUBLIC STATE OF TEXAS ID # 132301506 My Comm. Expires 0108/2024 NOTARY STAMP / SEAL Sworn to and subscribed before me by Eddis Arreduced this the 4 day of January COMPILE D HAINES Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 183.47 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accorption graph is true and correct and includes all information required to be reported by me under Title 15, Election Code. Please complete either option below: CONNIED HAINES NOTARY PUBLIC STATE OF TEXAS ID# 113201506 My Comm. Expires 01/06/2024 NOTARY STAMP/SEAL Swom to and subscribed before me by EALLY Arredovido this the day of Tanuary OR CONNIED HAINES NOTARY PUBLIC STATE OF TEXAS ID# 113201506 My Comm. Expires 01/06/2024 NOTARY STAMP/SEAL Swom to and subscribed before me by EALLY Arredovido this the day of Tanuary OR COUNTIED HAINES NOTARY PUBLIC STATE OF TEXAS ID# 113201506 ID# 13201506 ID#		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	41.70
DUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 1 swear, or affirm, under penalty of perjury, that the accorption required to be reported by me under Title 15, Election Code. 1 swear		4. TOTAL POLITICAL EXPENDITURES	\$	41.70
18 SIGNATURE 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. Please complete either option below: (1) Affidavi (1) Affidavi (1) Affidavi (2) Unsworn Declaration My name is		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	183.47
Please complete either option below: Please complete either option below: (1) Affidavit NOTARY PUBLIC STATE OF TEXAS ID # 132301506 My Comm. Expires 01/06/2024 NOTARY STAMP/SEAL Swom to and subscribed before me by		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
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NOTARY STAMP / SEAL Swom to and subscribed before me by	(1) Affidavii	CONNIE D HAINES NOTARY PUBLIC	:	
Sworn to and subscribed before me by	(1) Allidavi	D # 132301506		
20		Collie Abradounda	4	. Tonuan.
Signature of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is (street) (city) (state) (zip code) (country) Executed in country, State of, on the day of, 20	20 23 to certify	which, witness my hand and seal of office.	day	weetyn a Cont
(2) Unsworn Declaration My name is	1014141411	(2)	Title of	officer administering oath
My address is	(2) Unsworn Declaration			
(street) (city) (state) (zip code) (country) Executed in day of, 20				
Executed in County, State of , on the day of , 20		,	tate) (zin coo	de) (country)
	Executed in	County, State of, on the day of	, 20	

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Eduardo Arredondo 20 Filer ID (Ethics Com			mmission Filers)
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.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		s 41.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	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 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense Travel Out Of District

Travel In 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eduardo Arredondo 4 Date 5 Payee name 12/18/2022 First United Bank 6 Amount (\$) 7 Pavee address: City; State: Zip Code 418 N Hwy 281, Marble Falls, TX 78654 41.70 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting / Banking X6 \$6.95 Monthly Account Service Fees PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date 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 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED