

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: <div style="text-align: center; font-size: 2em;">9</div>																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:50%; font-size: 0.8em;">FIRST</td> <td style="width:25%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr</td> <td>Christopher</td> <td>T</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Schuchardt</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Christopher	T	NICKNAME	LAST	SUFFIX		Schuchardt		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received</p> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged				
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:20%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>14339 NW Military STE 108-495</td> <td></td> <td>San Antonio, TX</td> <td></td> <td>78231</td> </tr> </table> <p style="font-size: 0.8em; margin-top: 5px;">Change of Address</p>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	14339 NW Military STE 108-495		San Antonio, TX		78231										
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Bexar County Commissioner Precinct 3																					
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:25%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS												
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GO TO PAGE 2																							

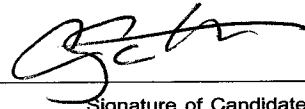
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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Mr. Christopher T. Schuchardt		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 1,036.47
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,197.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,088.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 176,850.29

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Christopher T. Schuchardt, and my date of birth is 05/01/1989.
 My address is 14339 NW Military STE 108-495, San Antonio, TX, 78231, USA.
(street) (city) (state) (zip code) (country)
 Executed in Bexar County, State of Texas, on the 29th day of January, 2024.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Mr. Christopher T. Schuchardt

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,036.47
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 20,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 39,197.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 4
2 FILER NAME Mr. Christopher T. Schuchardt		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Marek 6 Contributor address; City; State; Zip Code 7211 Cooperbend San Antonio TX, 78250	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Independent Insurance Agent		9 Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Audrey Orozco Contributor address; City; State; Zip Code 371 Eland Dr. San Antonio TX, 78213	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Michael Osborn Contributor address; City; State; Zip Code 13622 Stoney Hill Dr. San Antonio, TX 78231	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Diane Dawsey Contributor address; City; State; Zip Code 2726 Knoll Tree St. San Antonio, TX 78247	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 2 of 4
2 FILER NAME Mr. Christopher T. Schuchardt		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Barbara Baker 6 Contributor address; City; State; Zip Code 15523 Purple Sage San Antonio, TX 78255	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Karl Larsen Contributor address; City; State; Zip Code 112 Moonlite Ridge Boerne TX, 78006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Kendalia Metalworks		Employer (See Instructions) Owner
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Daniel Rottinghaus Contributor address; City; State; Zip Code 2427 Rogers Loop San Antonio, TX 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Marianne Wray Contributor address; City; State; Zip Code 260 Country Lane San Antonio, TX 78209	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>3 of 4</i>
2 FILER NAME Mr. Christopher T. Schuchardt		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Martha Schuh	26.47
	6 Contributor address; City; State; Zip Code 10610 Cedar Elm Dr. San Antonio, TX 78230	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/13/2024	Full name of contributor out-of-state PAC (ID#: _____) Maureen Ballard	50.00
	Contributor address; City; State; Zip Code 4703 Cellar Creek San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Douglas Brodine	10.00
	Contributor address; City; State; Zip Code 16302 Quail Path St. San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Richard Teal	50.00
	Contributor address; City; State; Zip Code 15722 Blue Creek Street	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Frost Bank
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 4
2 FILER NAME Mr. Christopher T. Schuchardt		3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Diana Farrar 6 Contributor address; City; State; Zip Code 5120 Broadway Alamo Heights, TX 78209	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) pet retail		9 Employer (See Instructions) self
Date 01/24/2024	Full name of contributor out-of-state PAC (ID#: _____) Roy Brand Contributor address; City; State; Zip Code 26210 Lame Beaver San Antonio, TX 78260	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Demitra Xidas Contributor address; City; State; Zip Code 2731 Trinity Falls San Antonio, TX 78261	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Mr. Christopher T. Schuchardt		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/08/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Christopher T. Schuchardt	9 Loan Amount (\$) 20,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 14339 NW Military STE 108-495 San Antonio, TX 78231	10 Interest rate 0.00
		11 Maturity date 12/31/2024
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Calidad, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

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 | 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.

1 Total pages Schedule F1: 1	2 FILER NAME Mr. Christopher T. Schuchardt	3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2024	5 Payee name Griffin Communications	
6 Amount (\$) 19,216.04	7 Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting and Advertising	(b) Description Consulting Expenses and Advertising Costs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/08/2024	Payee name Griffin Communications	
Amount (\$) 19,981.52	Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting and Advertising	Description Consulting Expenses and Advertising Costs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Anedot Inc.	
Amount (\$) 45.96	Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fundraising Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED