

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:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Christopher

J.

NICKNAME

LAST

SUFFIX

Czernek

OFFICE USE ONLY

Date Received

D Penberg
4/7/2022

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2325 High Lonesome, Leander, Tx 78641

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 574-3103

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Christopher

J.

NICKNAME

LAST

SUFFIX

Czernek

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

CITY:

STATE:

ZIP CODE

2325 High Lonesome, Leander, TX 78641

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 574-3103

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
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 16 / 2022

THROUGH

Month

Day

Year

04 / 07 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 2022

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Leander City Council, Place 5

13 OFFICE SOUGHT (if known)

Leander City Council, Place 5

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

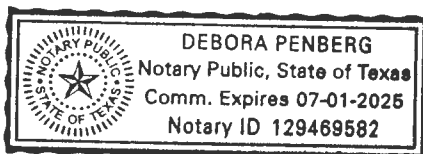
15 C/OH NAME <u>Christopher Joseph Czernek</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,665.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,992.²⁸</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,839.²³</u>
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 accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Chris Czernek this the 7th day of April, 2022, to certify which, witness my hand and seal of office.
Debora Penberg Debora Penberg Sr. Deputy City Secretary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Christopher Joseph Czernek</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7,665.⁰⁰</i>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6,992.⁰⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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. 6
2 FILER NAME Christopher Joseph Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 02/04/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donnie Mahan 6 Contributor address: City: State: Zip Code 1648 Pinot Noir St, Leander, TX 78641	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Pohl Contributor address: City: State: Zip Code 10800 Pecan Park Blvd #125, Austin, TX 78750	Amount of contribution (\$) \$ 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Bechtol Contributor address: City: State: Zip Code 23305 Windy Valley Rd, Leander, TX 78641	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Johnston Law Firm PLLC Contributor address: City: State: Zip Code 4313 Fairfax Ave, Dallas, TX 75205	Amount of contribution (\$) \$ 1,000.00
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.		

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 FILER NAME Christopher Joseph Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shayne and Katherine Shephers <hr/> 6 Contributor address: City: State: Zip Code 605 Peregrine Way, Leander, TX 78641	7 Amount of contribution (\$) \$150.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diego Bullara <hr/> Contributor address: City: State: Zip Code 2011 Woodway Dr., Leander, TX 78641	Amount of contribution (\$) \$200.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark and Renee Bofferding <hr/> Contributor address: City: State: Zip Code 2601 Saddle Blanket Pl., Leander, TX 78641	Amount of contribution (\$) \$50.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Parish <hr/> Contributor address: City: State: Zip Code 1705 Mira Vista, Leander, TX 78641	Amount of contribution (\$) \$100.⁰⁰
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.		

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 FILER NAME Christopher Joseph Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) August Barker	7 Amount of contribution (\$) \$150.00
6 Contributor address: City: State: Zip Code 706 Encanto Dr., Leander, TX 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tina Mallach	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 304 W. Willis St., Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricardo Reza and Candie Reza	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 511 Chaparral Dr., Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy Friesse	Amount of contribution (\$) \$40.00
Contributor address: City: State: Zip Code 233 Vonnray, Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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

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 FILER NAME Christopher Joseph Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramon Sanchez 6 Contributor address: City: State: Zip Code 2601 Granite Creek Dr., Leander, TX 78641	7 Amount of contribution (\$) \$75.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad and Crystle Cloud Contributor address: City: State: Zip Code 1513 Uhlard Dr., Leander, TX 78641	Amount of contribution (\$) \$100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Giddens Contributor address: City: State: Zip Code 1400 Hero Way W, Leander, TX 78641	Amount of contribution (\$) \$500.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Warrick Contributor address: City: State: Zip Code 829 Dream Catcher Drive, Leander, TX 78641	Amount of contribution (\$) \$300.⁰⁰
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.		

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 FILER NAME Christopher Joseph Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris and Norma Meterier 6 Contributor address: City: State: Zip Code 3602 Fandango, Leander, TX 78641	7 Amount of contribution (\$) \$100.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cheryl and Leslie Thomas Contributor address: City: State: Zip Code 3602 Lajitas, Leander, TX 78641	Amount of contribution (\$) \$100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig and Jennifer Pizer Contributor address: City: State: Zip Code 1414 Roaring Fork, Leander, TX 78641	Amount of contribution (\$) \$50.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert and Odette Virissimo Contributor address: City: State: Zip Code 805 Brave Face, Leander, TX 78641	Amount of contribution (\$) \$200.⁰⁰
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.		

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 FILER NAME Christopher Joseph Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul and Joelle Joci	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code 912 Tabernash, Leander, TX, 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Borden	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 1714 Lonita Drive, Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael and Lois Albright	Amount of contribution (\$) \$200.00
Contributor address: City: State: Zip Code 3600 Lajitas, Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lance R. Hughes	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 2215 Westlake Drive #300, Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Christopher Joseph Czernek	3 Filer ID (Ethics Commission Filers)
4 Date 02/04/22	5 Payee name Dirt Cheap Signs	
6 Amount (\$) \$1,722.80	7 Payee address: City: State: Zip Code 6706 Lohman Ford Rd , Lago Vista , TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Street and yard signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/22	Payee name Lowe's	
Amount (\$) \$91.84	Payee address: City: State: Zip Code 1495 S. Highway 183 , Leander , TX 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/22	Payee name Vistago Print	
Amount (\$) \$599.16	Payee address: City: State: Zip Code 6706 Lohman Ford Rd , Lago Vista , TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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:		2 FILER NAME Christopher Joseph Czernek		3 Filer ID (Ethics Commission Filers)	
4 Date 02/25/22		5 Payee name Dirt Cheap Signs			
6 Amount (\$) \$1,039.²⁰		7 Payee address: 6706 Lohman Ford Rd, Lago Vista, TX		City: TX	State: 78645
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description yard signs and stakes		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 02/27/22		Payee name Vista Print			
Amount (\$) \$62.⁷⁷		Payee address: 275 Wyman St., Waltham, MA		City: MA	State: 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Business Cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 03/09/22		Payee name HEB			
Amount (\$) \$114.⁵³		Payee address: 651 N. U.S. Highway 183, Leander, TX		City: TX	State: 78641
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense and Food / Beverage Expense		Description Carneros Ranch HOA Event		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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:		2 FILER NAME <i>Christopher Joseph Czernek</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>03/12/22</i>		5 Payee name <i>Vista Print</i>			
6 Amount (\$) <i>\$242.⁰⁸</i>		7 Payee address: <i>275 Wyman St., Waltham, MA</i>		City: <i>MA</i>	State: <i>02451</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing Expense</i>		(b) Description <i>Door hangers</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> 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 <i>03/19/22</i>		Payee name <i>Lowe's</i>			
Amount (\$) <i>\$47.⁵⁴</i>		Payee address: <i>1495 S. Highway 183, Leander, TX</i>		City: <i>TX</i>	State: <i>78641</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Sign materials</i>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>03/29/22</i>		Payee name <i>JG Media/Community Impact Newspaper</i>			
Amount (\$) <i>\$2437.²⁶</i>		Payee address: <i>3600 E. Palm Valley Blvd. #3, Round Rock, TX</i>		City: <i>TX</i>	State: <i>78665</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Print and Digital Ads</i>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Christopher Joseph Czernek** 3 Filer ID (Ethics Commission Filers)

4 Date **03/30/22** 5 Payee name **City of Leander**

6 Amount (\$) **\$99.00** 7 Payee address: **105 N. Brushy Street, Leander, TX 78641** City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Event Expense** (b) Description **Park Rental - Bledsoe**
(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 **03/31/22** Payee name **J.G. Media / Community Impact Newspaper**

Amount (\$) **\$556.10** Payee address: **3600 E. Palm Valley Blvd. #3, Round Rock, TX 78665** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **Print Advertisement**
☐ 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 Office held

Date **03/31/22** Payee name **PNC Bank**

Amount (\$) **\$2.00** Payee address: **201 N. Hwy 183, Leander, TX, 78641** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fee** Description **Checking Account Service Fee**
☐ 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 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED